

**SOCIAL WORKERS' PREPAREDNESS, EXPERIENCES AND CHALLENGES WHEN  
RENDERING SOCIAL WELFARE SERVICES TO ADOLESCENTS ABUSING  
CHEMICAL SUBSTANCES**

by

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## DECLARATION

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I, **Matjie Rahab Madisha**, declare that “*Social workers’ preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances*” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. It is submitted in the partial fulfilment of the requirements of the Master of Social Work at the University of South Africa. It has not been submitted before for any degree or examination at any other university or educational institution.



**Matjie Rahab Madisha (61470457)**

**DATE:**

16 April 2019

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## ABSTRACT

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Chemical substance abuse remains a major global health and social problem in a South African context. Social workers are one of the professionals who provide social welfare services to adolescents abusing chemical substances. However, social workers are not prepared enough in terms of training and workshops to provide drug dependency treatment to adolescents abusing chemical substances. This study therefore contributes to an emerging body of literature on chemical substance abuse, as there is a lack of information within the Department of Social Development in Lepelle Nkumpi Municipality of Limpopo concerning social workers' preparedness, experiences and challenges in rendering services to adolescents abusing chemical substances. Furthermore, the study will generate new information that will assist the Department of Social Development to make necessary changes to social welfare services rendered to adolescents abusing chemical substances, and consideration will be given when drafting a framework for treating chemical substance abuse. A qualitative approach was adopted to explore, describe and contextualise social workers' preparedness, experiences and challenges experienced during their work. Participants were selected using a non-probability technique of purposive sampling. As a data collection method, in-depth, one on one semi-structured interviews were conducted with seven social workers working with adolescents abusing chemical substances. Data was analysed using Tesch's eight steps and verified using Guba and Lincoln's model to test the trustworthiness of the data. Ethical considerations adhered to throughout this study were informed consent, right to privacy, avoidance of deception, debriefing of participants and management of information. Findings of the study confirmed that there are no clear guidelines in rendering social welfare services to adolescents abusing chemical substances by social workers. The study further revealed that social workers' training is generic in nature, therefore they are not well trained to render services to adolescents abusing chemical substances. They therefore lack resources and support to adequately execute social welfare services to adolescents abusing chemical substances. Lack of services for adolescents was also identified as a burning issue. Furthermore, treatment and prevention of chemical substance abuse is overlooked. Based on the research findings, recommendations pertaining to social work practice, social work training and education, social welfare policy, and further research were put forward.

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## KEY WORDS

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Social welfare services, Adolescents, Chemical substance abuse, Social workers

Tshomisho ya diokobatsi e dula e le taba e kgolo ya hloba boroko ka ga lefapa la maphelo le tsa setshaba le lefase ka bophara ga mmogo le Africa Borwa. Badirela-leago ke ba bangwe ba ditsibe bao ba fanago ka ditirelo go baswa bao ba shomishago diokobatsi. Badirela-leago ga se ba lokishetswe go lekanenego ge go etla go ditaba tsa dithuto le tsebo go baswa bao ba shomishago diokobatsi. Thuto ye e tlaleletsa go hlahlo ya tshedimusho yeo elego gona ka diokobatsi, ka ge go hloka tsebo e feleletsego go lekolla gore badirela-leago ba e tukisheditse go tsona, le tseo ba hlakanego le tsona le mathata ao ba gahlanago le ona ge ba shomishana le baswa bao ba shomishago diokobatsi, ka lefapa la kgoro ya badirela-leago ya Masepala wa Lepelle-Nkumpi Limpopo. Go isha pele, thuto ye e tlo utulla tshedimusho e mpsha yeo e tlo thushango ba lefapa la kgoro ya badirela-leago go dira di phetogo tse bohlokwa tsa go amana le ditirelo tsa baswa bao ba shomishago diokobatsi.

Tsebo e tletsego e shomishetswe go hlahloba, go hlalosa le go latela maemo a badirela leago ka maikemishetso, tsebo yeo banago le yona le mathata ao ba hlakanago le ona ge ba efa ditirelo go baswa bao ba shomishago diokobatsi. Ba tsea karolo mo thutong ye ba kgethilwe ka go shomisha mokgwa wo osa tsebiwego gore go tlo kgethwa bomang, gola gona le morero wa gore go tlo kgethiwa bjang. Tsenelelo ya poledishano gare ga ba tsea karolo ka o tee ka o tee le Monyakishishi, e swerwe bjalo ka mokgwa wa go kgobokantsha tshedimusho le ba direla-leago ba shupa, bao ba filwego ditirelo go baswa ba go shomisha diokobatsi. Go sekwasekwa ga ditshedimusho gotswa go ba tsea karolo go shomishitswe go tswa go Tesch's dikgato tse seswai (Creswell, 2009:186) tsaba tsa netefatswa gotswa go tshomisho ya Guba and Lincoln's model (1991:215-222). Melao ya Boitswaro e naganetswe ka mo thutong ye ka go latelela tumelelo ya tsebo, ditokelo tsa sephiri, go efoga go foraforetswa ka maaka, le go fana ka dikeletso le tsamaisho ya ditshedimusho gotswa go ba tsea karolo.

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## LIST OF ACRONYMS & ABBREVIATIONS

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NASW	NATIONAL ASSOCIATION OF SOCIAL WORKERS
NDMP	NATIONAL DRUG MASTER PLAN
NGO	NON GOVERNMENTAL ORGANIZATION
SACSSP	SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFFESIONALS
SAMRC	SOUTH AFRICAN MEDICAL RESEARCH COUNCIL
SANCA	SOUTH AFRICAN COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE
UNISA	UNIVERSITY OF SOUTH AFRICA
UNODC	UNITED NATIONS OFFICE ON DRUGS AND CRIME
WHO	WORLD HEALTH ORGANIZATION

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## **CHAPTER 1: GENERAL INTRODUCTION AND PROBLEM FORMULATION**

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### **1.1 Introduction**

This chapter presents an introduction and background to the study, the problem statement, the rationale for the study, and the theoretical framework. The research questions are discussed together with the goals and objectives of the study, the research strategy and methodology, ethical considerations, and clarification of key concepts.

### **1.2. General background to the problem**

Chemical substance abuse remains a major global health and social problem (Kalula & Nyabadza, 2012:98). Increase in substance abuse is a worldwide phenomenon, and the impact thereof on social development is a huge concern, as it is in South Africa (Da Rocha-Silva & Malaka, 2008:44; Mashele, 2005:1). When one member in the family is addicted to substances such as alcohol or drugs which make him or her dysfunctional, it affects the entire family as a whole and eventually affects the whole society (Tull, 2008:67). According to the United States Department of Health and Human Social Welfare Services (2008:345), “substance abuse is a complex problem, and one of the most important signs of addiction is the inability to discontinue the use despite experiencing the serious negative consequences”.

The World Drug Report 2011 of the United Nations Office on Drugs and Crime (2011:8) indicates that every year about 210 million people consume illegal drugs, 200 000 of whom die as a result of daily use. Based on international data, the social and economic cost of illegal drugs and alcohol abuse can be estimated at approximately 4-6% of Gross Domestic Product or about R136 380 million per year (Department of Social Development, 2013a:34). According to DiNitto and McNeere (2007:13), “approximately nine to ten percent of the United States population currently meets the criteria for substance abuse or dependence”. In Africa, Algeria has been reported to have the highest rate of substance abuse at 71 %, while South Africa is

second highest with 68% of substance abuse among a population of 15 year olds and upwards (World Health Organisation (WHO), 2010 accessed 12 August 2017).

The rate of drugs and alcohol abuse in South Africa is alarming and a cause or contributor to many social, health and economic problems afflicting the population. According to the Department of Social Development (2013a:5), it is difficult to say how many people are affected by substance abuse at any given time due to there being no study with specific reference to substance abuse. This lack of information has prejudiced the provision of social welfare services for substance abuse with regard to prevention and treatment. The South African Council on Alcoholism and Drug Dependence (SANCA, 2010:16) reports that 20 million South Africans are estimated to be abusing or developing a dependency on chemical substances. Masombuka (2013:14) emphasises the easy availability of different types of substances to different age groups, stating that between 7.5% and 31.5 % of South Africans have a problem with substances or are at risk of developing such a problem. Undoubtedly, this reaffirms that the rate of substance abuse is a global problem.

The mortality and morbidity rates resulting from substance abuse are grave in South Africa, especially when considering the age of initiation and harmful patterns of use (Mudlhovozi, Maugadanze, Maseko, Ngwenya & Netshikweta, 2014:44). In Limpopo province, the substance abuse rate is no different from other provinces, although the rates of substance abuse differ between provinces (Department of Social Development, 2013a:14). Currently, drugs ranging from alcohol, cigarettes, marijuana, cocaine, heroin and glue to nyaope are readily available in almost every village or residential area in South Africa (Lebese, Ramakuela, & Maputle, 2014:23).

Findings from a study conducted by the Department of Social Development (2013b:2) show that the youth smoke tobacco, drink alcohol and use hardcore drugs. The most commonly used chemical substances are cannabis (49%), inhalants (39%), bottled wine (32%), home-brewed beer (30%), and commercially brewed beer is greater than 4% Alcohol Volume used by 54.8 % of the youth. The youth are the most vulnerable group to substance abuse, and are more particularly affected, due to the increase in the harmful use of alcohol and abuse of illicit drugs (Department of Social Development, 2013b:2). According to Van der Westhuizen (2010:7), the youngest substance abuse inpatient could be around nine years old, while amongst 2, 789 persons who received inpatient treatment, 27% were under the age of 20, more than any other age group.



There are various factors leading to substance abuse, but these differ amongst individuals. The authors Muck, Azempolich, Titus, Fishman, and Schewel, (2006:150) as well as Mohasoa and Fourier (2012:30) in their reports all highlight development and social factors leading adolescents to abuse chemical substances. They include independence, belonging, self-identity issues, vulnerability to peer pressure influences, fitting into the environment and individual poor decision making; all leading adolescents to progress from casual use to dependence more rapidly than adults in substance use. Factors influencing alcohol use and drug abuse within an individual include, *inter alia*, gender, genetic predisposition, age, alcohol knowledge, low self-esteem, impulsivity, and sensation seeking (Ramsoomar, 2015:32). These factors clearly point to the vulnerability of adolescents using chemical substances.

It is worth noting that the focus of the study was on social workers as key role players in rendering services to adolescents abusing chemical substances. Social workers as custodians of change are one of the professions which provide social welfare services to adolescents abusing chemical substances. Social workers are geared towards helping underprivileged members of society, enhancing the wellbeing of people within their social context and addressing the wellbeing of society as a whole (Larkin, 2004:2). The social work profession promotes change, and problem solving in human relationships, and provides empowerment and liberation of people to enhance their wellbeing through utilising theories of human behaviour, and social systems (Cree, 2013:90). In addition, Hollands and Scourfield (2015:73) also suggest that “social workers work together with service users to develop their inner resources, and mobilise if necessary outside facilities to bring about changes in the environment”.

Social workers may be the first service providers to have contact with substance abusers through major service delivery systems, where they identify substance abuse problems among service users and provide a range of appropriate treatments (Hall, Amodeo, Shaffer, & Vander Bilt 2000:66). The historical role of social workers in the treatment of chemical substance abuse has been seen as that of reluctant social workers among many other helping professionals. Due to a lack of specialised education and ongoing training on how to treat adolescents abusing chemical substances, they have also experienced difficulty shedding negativistic and moralistic attitudes about such individuals (Ruiz & Strain, 2011:358). The report by Manganyi (2015:101) suggests that social workers are not prepared enough in terms of training and workshops to provide drug dependency treatment. The author further states that the National Association of Social Workers (NASW) South Africa was among the first to offer a specialty practice section for substance abuse in 1996 to social workers, but only 3% of

social workers have substance addiction as their primary practice (Manganyi, 2015:101). The study by Maluleke (2013:34) thus stresses the need for workshops and specialisation in the field of substance abuse.

Social workers provide a range of social welfare services to populations and general locales; as such they routinely assess, treat and refer patients affected by chemical substance abuse (Ruiz & Strain, 2011:442). They are trained in delivering the twelve core social welfare services to adolescents abusing chemical substances. These include screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, service users' education, referral, report and record keeping, and consultation with other professionals (Ruiz & Strain, 2011:442). The ultimate goal of all substance abuse treatment is to enable the dependent person to achieve lasting abstinence (Jeewa & Karisam, 2008:44).

The draft on generic norms and standards for social welfare services stated that prevention, care and treatment of substance abuse are rendered equitably to beneficiaries in all strategic focus areas (Department of Social Development, 2013b:133; Department of Social Development, 2013c:70). These are prevention, early intervention, statutory intervention, rehabilitation, reconstruction and after care. It is worth noting that the word "youth" is used interchangeably with the term "adolescents" for the purpose of the study. The following social welfare services are rendered by social workers to adolescents abusing chemical substances within the Department of Social Development context:

- **Prevention of abuse of chemical substances**

The prevention programme aims at preventing the first-time use of drugs. This programme refers to activities that will prevent the community from getting involved in substance abuse. Its focus is on community values with regard to drug abuse and it aims to develop personal and social skills of people (Prevention and Treatment of Substance Abuse Act of 70 of 2008). Prevention includes multiple strategies, such as the use of media, campaigns and other means to address societal factors contributing to vulnerability (Department of Social Development, 2013c:70). Prevention programmes provide services that facilitate the prevention of substance use and contain information, education and communication about the risks associated with the use of substances and how to avoid its use (Department of Social Development, 2009a: 10).

As part of the primary prevention programme, in 2003 the Department of Social Development launched the campaign "KE MOJA", I am fine without drugs" and the Poppets programme in line with the *National Drug Master Plan* (NDMP) (Chames, Norushe & Wessels, 2009: iv). The

programme was rolled out in primary and high schools. The purpose of this campaign is to inform young people about substance abuse and its harmful effects. It further attempts to curb the supply and prevent the new use of illicit drugs. The programme further works towards the protection and upliftment of all people and communities by promoting their well-being, and by encouraging and supporting people to take pro-health decisions (Department of Social Development, 2009b:4).

The KE MOJA programme targets young people between ages of 10 and 18 years. It is not integrated into the school curriculum and syllabus, thus leading to a lack of sustainability in schools (Chames, et al. 2009: iv). It is not clear how successful the programme has been, with many arguing that it was developed through non-consultative processes, and thus has not taken root in civil society efforts against drug abuse (Department of Social Development, 2013b:37).

The observations, insights and findings of this evaluation have led to the overall conclusion that there are six key elements which need to be in place in order to ensure successful programme implementation (Chames et al. 2009: vi). The elements as outlined by the authors, include: (1) quality not quantity to ensure the correct or appropriate ratio of schools to capacity of the implementing organization, (2) strong project management systems including proper planning, monitoring and evaluation, (3) strong cooperation between the Department of Social Development and the Department of Education, and buy-in of Municipality offices of Department of Education, (4) integration into the curriculum and school system, (5) skilled and appropriate selected facilitators and (6) a supportive environment which includes working with educators and parents.

In 2010, the Department of Social Development launched an anti-substance abuse campaign popularised through the name '*No place for drugs in my community*'. The campaign focused on raising awareness and promoting rehabilitation amongst those affected. Subsequent to this, the Department of Social Development launched small campaigns, often directed at the festive season and calling for action around substance abuse (Department of Social Development, 2010). The minister launched the last of these in 2015 under the banner '*Vulnerable populations in emergencies*'. Recently, the government launched a national campaign known as "*Operation Fiela/Reclaim*". *Operation Fiela-Reclaim* is a multidisciplinary interdepartmental operation aimed at eliminating criminality and general lawlessness in communities (Department of Social Development, 2010). The ultimate objective of the operation is to create a safe and secure environment for all in South Africa through the prevention and combating of

various crimes, and addressing the safety concerns of the citizens of the country (Department of Social Development, 2009b).

From the above-mentioned background, it can be deduced that adolescents go through many issues, these include dealing with adolescents peer pressure, fitting into society, curiosity and self-identity (Markwood, 2011:207). The researcher agrees with Mulsener (2011:369) that often, social workers have to deal with adolescents who are unwilling service users, who are referred against their will and may be reluctant to undergo the treatment. Some adolescents do not feel comfortable to relate to an adult or an authority figure. Social workers working with adolescents abusing chemical substances should consider profound challenges, or even more recent challenges when planning prevention regarding teens (Markwood, 2011: 2-3).

- **Early intervention programmes for chemical substance abuse**

These social welfare services aim to limit the impact of risks and prevent the progression of substance abuse. They are aimed at the early identification of the problem, and the availability and accessibility of social welfare services and facilities for substance abuse (Department of Social Development, 2013d:28). Intervention programmes address poor social skills such as low self-esteem, depression, peer pressure and poor social coping strategies.

Youth should be trained on how to resist peer pressure, as this is the single most important risk factor for the youth. This can be done through promoting youth-to-youth training programmes. Maluleke (2014:21) alludes to the fact that early intervention and community-based interventions focus on social welfare services that help prevent serious or further harm to a person using substances. The author further argues that social workers have limited knowledge about the implication of relevant policies and legislation in the sector of substance abuse social welfare services. More workshops and training are therefore still required (Maluleke, 2014:70).

- **Treatment and rehabilitation programmes for chemical substance abuse**

These social welfare services are for substance abusers, including counselling to the families of substance users. According to Kalula and Nyabadza (2012:6), treatment programmes for substance abuse in South Africa do not work on evidence-based treatment models. This has caused them to fail to keep pace with the increasing demand for treatment for substance abuse. Furthermore, Brandt and Delport (2007:98) add that growing youth substance abuse and shrinking resources has become a problem in South Africa. The treatment improvement protocol addresses how substance abuse affects the entire family, and how substance abuse

treatment providers can use principles from family therapy to change the interactions among members.

Treatment programmes use short-term and limited interventions, while failing to recognise that substance abuse can be a chronic disorder, one that includes relapse and may not be resolved for months or even years (National Association of Social Workers, 2013:81). According to Maluleke (2014:93), there is limited literature on the social welfare services for substance abuse in South Africa, and there is therefore a need for a more specific enquiry on issues of social welfare services for substance abused persons. Neither type of social welfare services (treatment or rehabilitation programmes) have a clear guideline on how they can best be incorporated into working with substance abusing adolescents as the most vulnerable group.

Different types of chemical substance abuse treatments include support groups. These consist of a group of members who share a common issue, who meet on an ongoing basis to help each other cope and deal with stress (Jacobs, Masson & Harvil, 2009:90). Another option is an outpatient drug-free treatment programme, which is also essential in addressing substance abuse. Here, they do not involve the use of medication, but a variety of strategies such as group or individual counselling (Jeewa & Kasiram, 2008:44). Further alternatives are the use of therapeutic programmes, or self-help and psychotherapy which involves counselling, group counselling and an opportunity for change through non-verbal process of identification, for which emotional safety is essential (Brook & Spitz, 2002:126).

- **Aftercare and reintegration social welfare services for chemical substance abuse**

These social welfare services focus on integrating drug users back into society. After-care and reintegration programmes for substance abusers provide for (1) utilisation and management of existing community facilities, and structures as community centers, (2) development of integrated community social welfare services and support systems, (3) development of a research plan, an information management system and a communication network, (4) re-integration of substance abusers into their communities and after care treatment, and (5) promotion of a collaborative approach between government departments involved in the combating of chemical abuse (Department of Social Development, 2009b). The Prevention of and Treatment for Substance Abuse Act 70 of 2008 (Department of Social Development, 2009b) stipulates that aftercare social welfare services must allow interactions between substance users, their families and communities to promote relapse interventions. These

social welfare services enable people to stay clean from substance abuse, promote group cohesion and allow users to share long-term sobriety experiences (Maluleke, 2014:25). According to van der Westhuizen (2010:417), social workers lack knowledge and skills relating to the provision of after-care services to substance abusers.

According to Savage (2016:7), substance abuse particularly in the area of adolescent assessment, is a highly specialised practice, so it is important for the social worker to be highly experienced and willing to provide such social welfare services. Negative or judgmental attitudes from the service provider towards adolescents abusing substances may interfere with engagement and treatment (Roberts & Ax, 2011:111). Social workers must demonstrate a fundamental knowledge and understanding of adolescent development and the critical role of bio-psychosocial systems (National Association of Social Workers, 2013:69). They need to have knowledge and access to addiction treatment social welfare services providing different levels of care, screening service users; providing brief education on substance abuse and giving advice and referral to treatment facilities (Velasquez, Crouch, Stephens, & Clement, 2016:90).

Although the legal and policy framework such as the Prevention of and Treatment for Substance Abuse Act, National Drug Master Plan and Framework for Social Welfare Service, mandates social workers to intervene in the provision of substance abuse services, very little is known and documented about social workers' preparedness, experiences and challenges when providing substance abuse services to adolescents. Hence the researcher used this study to become a voice of social workers in expressing their experiences and challenges when providing substance abuse services to adolescents

Based on the general background above, the problem statement will be discussed below.

### 1.3 Problem statement

According to Boeije (2010:22), a problem statement can be seen as a preliminary guideline for the research instead of a fixed starting point that determines the entire research procedure. Monette, Sullivan and DeJong (2008:77) further define the research problem as the initial step in the research process that provides the basis for a study. Hofstee (2006:20) suggests that a well-formulated problem statement allows the researcher to precisely define what they will investigate.

Chemical substance abuse remains a major global health and social problem in the South African context. Social workers are one of the professions that provide social welfare services to adolescents abusing chemical substances. However, they are not prepared enough in terms of training and workshops to provide drug dependency treatment to adolescents abusing chemical substances. Social work has a long history of working with persons with chemical substance problems. Whereas the early focus of practitioners typically involved the provision of social welfare treatment, the profession has since expanded its involvement to also include involvement in research, administration, policymaking, and programme development (Manganyi, 2015:99). However, as statistics from surveys has revealed, only 16 % of social workers are reported have been involved in substance addiction work, with a mere 3 % who stated that substance addictions were their primary practice area (Manganyi, 2015:99).

Social workers use the integrated social welfare services delivery model, which includes engagement, assessment, planning, intervention, evaluation and termination (Department of Social Development, 2013d:35). The model is a general guideline for every service used by social workers; but the researcher is of the opinion that it does not provide specific guidelines on adolescents' substance abuse. According to the Generic Norms and Standards for Social Welfare (Department of Social Development, 2013c:29), sufficient resources should be a precondition for the provision of adequate quality social welfare services.

Chemical substance abuse and addiction treatment has undergone dramatic changes in recent years. Therefore, social workers in the area of practice need to keep up with these (Pitney & Parker, 2009:33). This is often a challenge, because social workers have made no contribution to the research on chemical substance abuse interventions (Clark, McGovern, Mgboekwere, Wooten, Owusu, & McGraw, 2013:454-456). The researcher is of the view that the Department of Social Development outlines the standards for social work practice with chemical substance

abusers, but does not address social workers' preparedness, experiences and challenges in working with such adolescents. The researcher observed that in order to render effective services, there should be continuous evaluation of the following: resources, facilities in which to work with adolescents abusing chemical substances, provision of training workshops, a framework that guides social workers on how to work with adolescents abusing chemical substances and the willingness of social workers to work with these service users.

In support to the Department of Social Development (2013a:23) report, the researcher is of the view that social welfare services are needed to assist people who abuse substances. Unfortunately, one consequence of South Africa's neo-liberal macro-economic growth and redistribution policy is that the greatest share of the welfare budget is allocated to social grants, resulting in reduced funding for substance abuse programmes. Therefore, social workers lack the training and resources required to provide substance abuse treatment effectively. They need to have knowledge of and access to addiction treatment social welfare services providing different levels of care (Velasquez et al., 2016:12).

According to the researcher, the challenge is brought by the negative beliefs of social workers regarding adolescents abusing chemical substances and treatment services, this together with the quality of service are major deterrents to treatment initiation. Evidence of the quality and effectiveness of substance abuse treatment can help to counter these negative perceptions however, these data are lacking for South Africa's services (Myers, William, Johnson, Govender, Mandershard & Kock, 2016:86). The researcher concurs with Mulsener (2011: 543-554) that social workers do not have enough training and guidelines to understand the behaviors and reactions of adolescents abusing chemical substances. In most cases social workers are assigned to substance abused cases without proper orientation, and yet at the same time they are expected to provide effective services. As a result, service delivery becomes a challenge to social workers due to their lack of skills, and unclear roles.

In the light of the drug-use related challenges faced by South Africa's youth, there is a need to design and implement robust interventions to mitigate some of the problems. What is potentially even more troubling is that social work education and practice does not pay a similar amount of attention to substance abuse issues in non-substance-abusing practice areas. This is despite the fact that substance abuse problems permeate the social systems and service users' population that social workers serve (Manganyi, 2015:100).



According to the (National Association of Social Workers, 2013:6), to meet the needs of service users with chemical substance abuse, social workers must remain current regarding frequent changes in legislation and requirements for addressing substance abuse, especially in teenage users. There are enough research studies based on substance abuse (Savage, 2016; Manganyi, 2015; Maluleka, 2014; Van der Westhuizen, 2010). However, little has been documented on social workers' preparedness, experiences and challenges when rendering services to adolescents abusing chemical substances, and in particular within the Department of Social Development in the Lepelle Nkumpi Municipality of Limpopo. Globally, studies by Clark et al. (2013), however do unpack the nature and extent of social work research on chemical substance abuse and treatment interventions among African Americans. Furthermore, Hall et al. (2000) have documented a research study on the training needs assessment of social workers who are employed in substance abuse treatment agencies. The purpose of this study was therefore to explore and describe the preparedness, experiences and challenges of social workers rendering social welfare services to adolescents abusing chemical substances.

The national study conducted by Maluleka (2014) focused on the perception of social workers regarding their role in aftercare and reintegration services with substance-dependent persons. Van der Westhuizen (2010) also focused on the perceptions of social workers regarding reintegration, assessment and treatment training needs of social workers with substance dependent persons. In Limpopo province, the studies by Lebesa et al. (2014) discuss the perceptions of adolescents about chemical substance abuse in Mayexe village, located in the Mopani Municipality of Limpopo. A research study titled "Substance abuse, misuse and abuse amongst the youth in Limpopo province" was also conducted by the Department of Social Development (2013b). The researcher concluded that various studies focus on the prevention, early intervention and after-care programmes for chemical substance abuse, as well as on the perceptions and practice framework for social workers with regard to substance abuse.

Based on the background mentioned above, the researcher is of the opinion that there is a need for qualitative research in order to determine the preparedness of the social workers to be able to render effective social services to adolescents abusing chemical substances. In addition, this study determined whether social workers are well prepared to work with adolescents abusing chemical substances, and if they have enough resources, and are well trained specifically to work with adolescents abusing substances. This study could generate new information that would assist the Department of Social Development to make the

necessary changes to adolescents' substance abuse programmes, and to consider when drafting a framework for chemical substance abuse. The study also aimed to provide recommendations on possible future research.

The research problem arose from the given background above. The problem statement is formulated as: there is a lack of information determining social workers' preparedness, experiences and challenges in rendering services to adolescents abusing chemical substances, within the Department of Social Development in Lepelle Nkumpi Municipality of Limpopo.

In light of the problem statement highlighted above, the rationale for undertaking the study will be provided in the next section.

#### **1.4 Rationale of the study**

The rationale is the statement that conveys the essence of the project (Creswell, 2016:301). According to Fouché and Delport (2011:107), there are different purposes for research, depending on whether the research is basic or applied. The reasons for undertaking the study are presented in this section.

The interest in conducting the study stemmed from the researcher's experience of working within the Department of Social Development as a generic social worker for a period of a year at Zebediela Hospital in certain areas of the Lepelle-Nkumpi Municipality of Limpopo. The researcher came to realise that there are many adolescents abusing chemical substance. Most of the adolescents that come to the office with their parents looking for help, sometimes referred by the Hospital doctors for further assistance, use chemical substances which vary from nyaope to dagga, alcohol, glue and other substances. Most of the adolescents were reluctant to receive the help, and did not make much effort to attend the programme when there was no supervision. The researcher, as a social worker, found it challenging to work with involuntary service users, with a lack of resources exacerbating the delivery of social welfare services. This also created a negative attitude from social workers when working with teenage chemical substance users, and left social workers reluctant to help adolescents.

From the researcher's experience, social workers working within the Department of Social Development in the Limpopo province encounter challenges such as insufficient resources and facilities to carry out programmes for adolescents abusing chemical substances. Social

workers offer assessment to adolescents who are abusing chemical substances, then refer them to a clinic where they facilitate an outpatient support programme on a daily basis, one hour per day. There are insufficient training workshops on chemical substance abuse. Social workers do not receive enough support from management with regard to training and implementation of teenage chemical substance abuse programmes. These factors impede the willingness of social workers to provide social welfare services effectively and work with chemical substance abuse service users.

According to the Department of Social Development (2013a:345), the department's main goal in terms of substance abuse is to work together with other departments, such as the Department of Education to provide various treatments for substance abuse. Although there are prevention methods, the researcher is of the opinion that there is still a huge challenge in terms of the accessibility of these resources. Social workers providing these services need to be equipped with equipment, support from management, and more knowledge and training on substance abuse. It therefore, became of interest to the researcher to look at the experiences of social workers working with adolescents abusing chemical substance.

This study explored the preparedness, experiences and challenges of social workers within the Department of Social Development working with adolescents who are abusing chemical substances, in the Lepelle-Nkumpi Municipality of Limpopo. The researcher's contention was that this study would generate new ideas and knowledge on how to prepare social workers to work effectively with adolescents abusing chemical substances. It would assist in improving the skills and knowledge of policies and frameworks on chemical substance abuse of social workers dealing with these adolescents. It would educate social workers about the availability of and access to resources when working with teenage substance abusers, which will eventually encourage full participation in and positive perception of treatment services for substance users by social workers and adolescents abusing chemical substances.

The next section will cover the theoretical framework employed in this study.

## **1.5 Theoretical framework**

A theory is a set of interrelated constructs, definitions and propositions that presents a systematic view of a phenomenon by specifying relations among variables, with the purpose of explaining and predicting a phenomenon (Anfara & Mertz, 2014:200-201). A useful theory is one that tells an enlightening story about a phenomenon (Anfara & Mertz, 2006:39). A theoretical framework is the underlying structure that consists of concepts or theories that inform your study (Merriam & Tidsell, 2015:86). The study adopted the Bio-ecological systems theory which will be discussed in detail below.

### ***1.5.1 Bio-ecological system theory as a theoretical framework***

The theoretical framework that was applied for the purpose of the study was the bio-ecological systems theory. This helps describe how an individual is impacted by others in his relational field as well as larger systems (Reiter, 2015:52). This perspective is based on the notion that effective intervention occurs by working not only directly with service users, but also with the familial, social and cultural factors that affect their social functioning.

The Bio-ecological systems theory was developed by an American psychologist, Urie Bronfenbrenner, who suggested that a person's development is affected by everything in their surroundings. He divided the person's environment into five levels the micro systems, the meso systems, the exo systems, the macro systems and the chrono systems (Reiter, 2015:51). The figure below presents the five ecological systems as described by Reiter (2015:52).

## Bronfenbrenner's Ecological Systems Theory

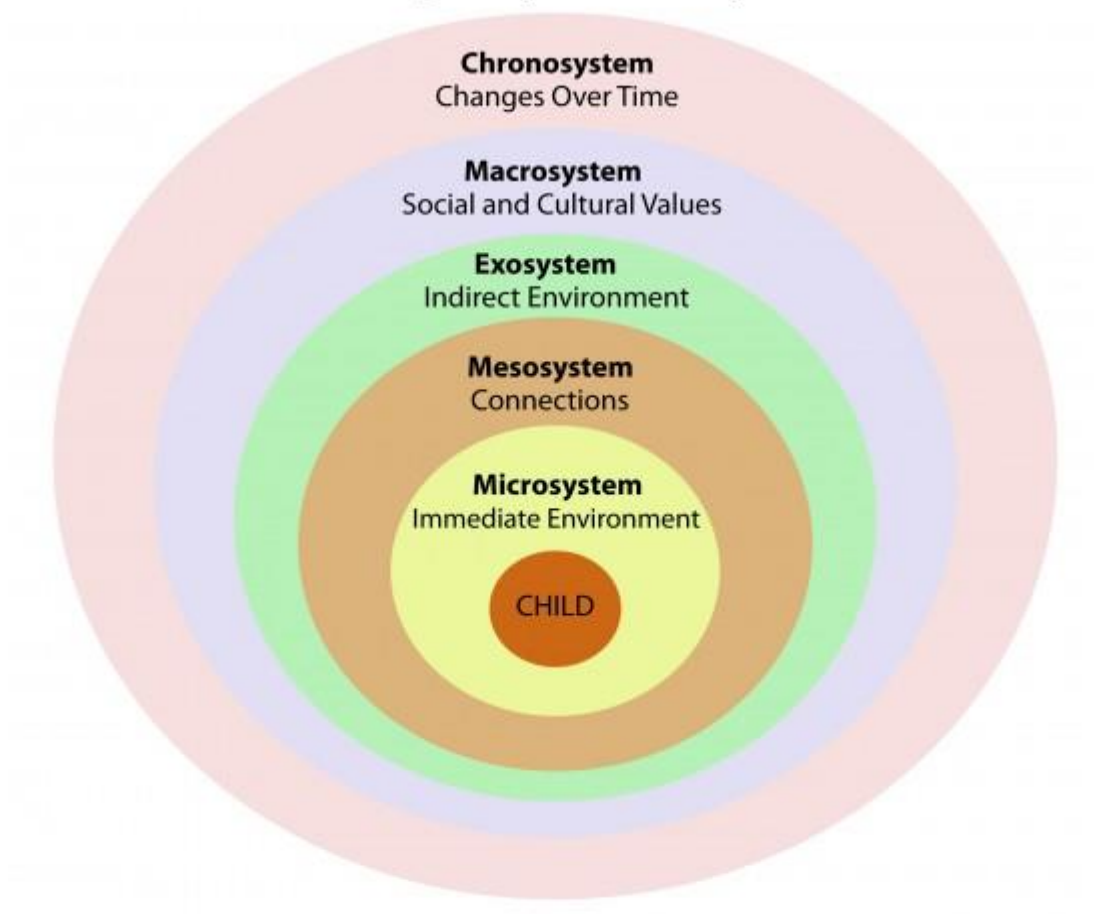


Figure 1.1: Bronfenbrenner's Ecological Systems Theory

From the figure 1.1 above, Bronfenbrenner believed that a person's development was affected by everything in their surrounding environment. The levels are categorised from the most intimate level to the broadest. The inner system is called the **micro system** which connects the individual to those closest to him, for instance spouse, relational partner or close family. The Micro system is also defined by Reiter (2015:52) as the system in which the individual has direct contact. The second system is a **meso system** which directly impacts individuals in their micro systems, for instance a person's job. According to Reiter (2015:52), meso systems consist of the interactions between different parts of a person's micro systems, and are where a person's individual micro systems do not function independently but are interconnected and influence one another.

While the third system or **exo system** includes various strategies of the structure of the individual's family functioning, such as finance or socio-economic status. An exo system refers to settings that do not involve the active person, but still affect him or her. It includes decisions that have bearing on the person, but in which they have no participation in the decision making, for instance whether or not a person loses their job (Reiter, 2015:52).

The fourth system is a **macro system which is** the largest and most distant collection of people and places to the individual, but which still exercise significant influence on the individual. It is composed of the social and cultural setting and values in which the individual is contained. This specifically refers to the individual's dominant beliefs and ideas, as well as political and economic systems.

Lastly, a **chrono system refers** to all the systems that relate to a person's environment. It demonstrates the influence on both change and constancy in the individual's environment. The chronosystem may thus include a change in family structure, address, parent's employment status in addition to immense society changes such as economic cycles and wars (Reiter, 2015:52).

From the above-mentioned background, it can be deduced that, bio-ecological systems theory is relevant for the study, as it is based on the notion that an individual and his or her behaviour cannot be understood adequately without consideration of various strategies of that individual's environment (social, familial, temporal, spiritual, economic, and physical). A bio-ecological systems theory is a more adequate framework in assessing an individual. It incorporates all the systems that affect individuals and how they interact with those systems. This is more efficient than an approach that focuses solely on changing an individual's behaviour or psyche, or one that focuses solely on the strengths and presenting problems. Addiction is a broad impediment, affecting not just the addict's body and mind, but their families, their relationships, their finance and their work. This means that for the substance abuser, all the systems surrounding him or her are affected and have to be taken cognisance of when interacting with them (Dupuy & Morelli, 2007:50).

Bushfield and Deford (2010:34) give a further account of ecological systems by explaining that a person's relationship to others and his or her environment can have a significant influence on his behaviour and ability to change or to recover from addiction. Du Plessis (2010:33) acknowledges that addiction affects all strategies that make up a person including the emotional, physical, social and cognitive. It integrates a vast field of knowledge and creates an integral map in the context of addiction. In addition, the social environment highlights the role

of societal influences, social policies, availability, peer pressure and family systems in the development and maintenance of addiction (Hargens, 2016:6). For example; if a person is addicted to a chemical substance, this could be influenced by one or more of the person's ecological systems that they interact with. It could be that they have a dysfunctional family, or have lost their job, or that they can easily access substances in their community. This goes to show that when intervening, all the service users' systems must be explored in order to understand their addiction holistically.

The application of the bio-ecological systems theory in the study was imperative, since this theory has been a central influence on the social worker's theoretical base and approach to practice (Greene, 2008:48). The theory increases the range of interventions available to the practitioner with the options to intervene directly with the individual or in strategies of the environment or both. Social workers can provide interventions from the micro level, to meso level and to the macro level using the bio-ecological approach. The bio-ecological perspective thus not only helps the social worker impact a service users' system through policy planning and activities, but also through psychotherapy and other micro-level approaches (Pardeck, 1988:45).

Social workers comprehensively address the connection between service users' systems and the society and its policies, intervening to create change on both the personal and environmental levels (Larkin, 2004:3). According to Bushfield and Deford (2010:34), a person's relationship to others and their environment can have a significant influence on their behaviour, and ability to recover from addiction. Social workers using bio-ecological systems theory with service users, essentially adopt a person-in-environment approach. This calls for assessment and intervention at the micro, meso, exo, macro and chrono systems levels, thus providing an excellent framework for holistic assessment, and allowing the possibility of a holistic intervention (Shaffer & Kipp, 2010:24). This theory was essential for the research in terms of, how social workers integrate bio-ecological system theory into interventions programmes for substance abuse, and how they influence the social workers to help chemical substance abuse adolescents.

The bio-ecological systems theory was applied in the study to explore and describe the extent to which substance abuse, the addict, the support structure and the treatment programmes interact and affect each other as a system. This means that social workers within the Department of Social Development were seen in the light of their holistic approach when rendering social welfare services to adolescents abusing chemical substances. This increased

the range of options available to the practitioner to intervene directly with the individual or through strategies within the environment or both. The following section will present the research questions, goals and objectives of the research study.

### **1.5.2 Research questions, goal and objectives**

#### **1.5.2.1 The research question**

A research question indicates the general purpose of the study. Formulation of a qualitative problem starts with the identification of a general topic or an idea that the researcher wants to know more about (Ary, Jacobs & Sorenson, 2010:201). A research question forces the researcher to think carefully about what they want to find out, and can help the researcher be more specific about what they want to achieve in the study (White, 2009:34). Research questions have to be formulated so that they can be investigated scientifically and answered empirically (Alvesson & Sandberg, 2013:76). They can be seen as the provocative questions which address the purpose of the study.

Based on the above evidence it seems that the rendering of social welfare services in combatting substance abuse has challenges which include human resources. For the purpose of exploring the preparedness, experiences and challenges of social workers' rendering services to adolescents abusing chemical substances, the following research questions were formulated:

*“How prepared are social workers in rendering services to adolescents abusing chemical substances?”*

*“What are social workers' experiences and challenges in rendering social welfare services to adolescents abusing chemical substances?”*

In order to answer the above research questions, the following research objectives were defined:

#### **1.5.2.2 Research goal**

A goal is something you plan to do or achieve, it seeks questions that could have an impact on thinking for other researchers, also creating a basic foundation for knowledge and understanding (Fouché & Delport, 2011:108). This goal, according to Maxwell (2013:13), implies something which one plans to achieve. The research goal can be understood as the overall task that one aims to carry out.



The goal of this research was to develop an in-depth understanding of the preparedness, experiences and challenges of social workers working with adolescents abusing chemical substances in the Lepelle-Nkumpi Municipality, of Limpopo.

### **1.5.2.3 Research objectives**

According to Fouché and De Vos (2011:94), “objectives are the steps one has to take, one by one, realistically, at grass-roots level, within a certain time span, in order to attain the dream or the goal”. De Vos and Strydom (2011:479) further explain objectives as specific changes in practice that are believed to contribute to the broader goal. Babbie (2007:79) further suggests that the choice of research methodology for a research study depends on the goals and objectives of the study. Objectives therefore can be defined as the activities that are undertaken in order to reach the main goal.

Based on the above goal of the study of social workers rendering social welfare services to adolescents abusing chemical substances in the Lepelle-Nkumpi of Limpopo, the following research objectives were formulated:

- To explore and describe the social workers preparedness when rendering social welfare services
- To explore and describe the social workers experiences when rendering social welfare services.
- To explore and describe the social workers challenges when rendering social welfare services.
- To conceptualise the social welfare services rendered for adolescents abusing chemical substance within the context of bio-ecological systems theory.

In order to realise these main objectives, the following task objectives of social workers rendering social welfare services to adolescents abusing chemical substances in the Lepelle-Nkumpi of Limpopo were formulated:

- To obtain a sample of social workers rendering social welfare services to adolescents abusing chemical substances
- To collect data, by conducting semi-structured interviews aided by open ended questions contained in an interview guide with social workers rendering social welfare services to adolescents abusing chemical substances

- To transcribe, sift, sort and analyse data obtained from exploring the preparedness of social workers when rendering social welfare services to adolescents abusing chemical substances
- To interpret the data and conduct a literature control in order to verify the data; and
- To draw conclusions and make recommendations regarding social workers' preparedness to render services to adolescents abusing chemical substances and their experiences and challenges faced in this regard.

The following section addresses the research methodology, research approach and research design. The following sections will be discussed in detail in chapter 2.

## **1.6 Research methodology**

According to Fouché and Delport (2011:63), research methodology consists of qualitative, quantitative and mixed methods approaches. Each approach has its purpose of conducting the inquiry, informing the strategy for collecting and analysing the data, and the criteria for judging quality. On the same note, Hammell (2006:167) defines research methodology as a specific philosophical and ethical approach to developing knowledge, a theory of how research should, or ought to proceed, given the nature of the issue it seeks to address. Research methodology is the understanding of the social context, philosophical assumptions and ethical principles of the researcher (Neuman, 2006:37). According to the researcher, the methodology refers to the methods, designs and strategies that will guide the implementation of a research processes. The research methodology and research methods application will be discussed in detail in Chapter 2. In light, of the definitions above, the following section will discuss the research approach and research design that the study followed.

### **1.6.1 Research approach**

There are different types of approaches to research that the researcher should familiarise themselves with, before deciding which will be appropriate for their research. Creswell (2016:3) defines the three genres of research as qualitative, quantitative and mixed-methods. Research can be categorised according to the methodology that was used when conducting it (Delpont and Roestenburg, 2011:206). The authors further indicate that qualitative research is characterised by the richness of experience and narrative results, whereas quantitative research is characterised by measurement and numerical results, and mixed-methods research consists of both qualitative and quantitative research.

Quantitative research identifies the hypotheses or research questions in advance, and the data collection is organised before the project (Creswell, 2016:3). Qualitative research involves going out to a setting and studying it first-hand. Thus, researchers employing this method are not only interested in how people talk about things; they are also interested in how their particular settings or context shapes what they have to say (Creswell, 2016: 3).

The current study adopted a qualitative approach. The researcher intended to explore in their natural setting the preparedness, experience and challenges of social workers rendering social welfare services to adolescents abusing chemical substances. According to Grinnell and Unrau (2008:407) as well as Silverman (2013:286), qualitative research methods look at the richness of data collected, because the researcher has little pre-existing knowledge about the study. Fouché and Schurink (2011:308), state further that “the qualitative researcher is more concerned with understanding rather than explanation, with naturalistic observations rather than controlled measurement, with the subjective exploration of reality from the perspective of an insider as opposed to that of an outsider that is usually used in quantitative paradigm”.

Qualitative research approach focuses on the meaning in context and, requires a data collection instrument which is sensitive to underlying meanings when gathering and interpreting data (Merriam, & Tidsell, 2015:106). The rationale for employing a qualitative research approach was based on the following characteristics of qualitative research (Creswell, 2016:14):

- **Emergent designs**

Qualitative research questions and data collection tools change. According to Fouché and Delpont (2011:66), data sources are determined by the information richness of the setting, and types of observations are modified to enrich understanding. As more knowledge is gained, the

research questions may shift, and the data collection may be adjusted (De Vos and Strydom, 2011:74). In the current study, the researcher thus allowed for changes in the questions prepared by using semi-structured interviews and open-ended questions. The researcher also made use of a pilot test with two participants prior to the actual research, in order to adjust some of the interview questions.

- **Flexible writing structure**

In qualitative research writing structure is flexible. Structure may be different from the traditional approach to introduction, literature review, methods, results and conclusions. According to Kumar (2005:12), the qualitative approach is classified as unstructured, because it allows flexibility in all strategies of the research processes. It is flexible and unique and evolves throughout the research processes (Fouché and Delport, 2011:66). This research aimed to explore, describe and contextualise the experiences of social workers within the Department of Social Development, working with adolescents abusing chemical substances in Lepelle- Nkumpi Municipality of Limpopo. The researcher attempted to gain a holistic understanding of the phenomenon of interest by using a flexible strategy of problem formulation and data collection as the investigation proceeded (De Vos, Strydom, Fouché & Delport, 2005:74).

- **Participant's view**

Qualitative research focuses on the participants' view of the story and developing designs. The researcher keeps the focus on learning the meanings which the participants hold about the problem or issue, not the meaning that the researcher brings to the research or that the writers bring in the literature (Creswell, 2007:37). The aim was to understand the participants' view of the story, and allow them to give a holistic view of the phenomenon. The interview started with asking the social workers general questions, gave them the platform to tell their stories about the preparedness, experiences and challenges of working with adolescents abusing chemical substances and also observed their surroundings to get a complex understanding of the phenomenon.

- **Inductive data analysis**

Through an inductive process, the researcher gathers data to build concepts, hypotheses or theories (Merriam, 2009:6). Qualitative research analyses from the specific to the general. The

process consists of gathering data and then making sense of it by grouping data segments into codes, and then themes and finally larger perspectives.

- **Context or setting**

Qualitative research collects data at the site where participants experience the phenomenon under study. The researcher contacted participants individually for face-to-face semi-structured interviews in their offices, at the Department of Social Development in the Lepelle-Nkumpi Municipality. The use of the above-mentioned characteristics of qualitative research was relevant for the purpose of the study, since the researcher had little knowledge about the preparedness, experience and challenges of social workers working with adolescents abusing chemical substances.

The researcher collected rich data from social workers who are working with adolescents abusing chemical substances, by using semi-structured interviews to allow flexibility in the questions and to allow participants to give a broader explanation about the phenomenon under study. The social workers who are directly affected by the phenomenon under investigation were studied in their natural environment, which is their office. This gave the researcher an opportunity to observe verbal and non-verbal behaviours, which provided a complex and holistic view of the phenomenon. The researchers' view of qualitative research approach is that it is more concerned with describing and understanding than explaining and predicting, meaning that the researcher enters the setting with an open mind, prepared to immerse themselves in the complexity of the situation and leading context-bound information. From the above information, the researcher found the approach suitable for this study.

### ***1.6.2 The research design***

Research design refers to how a research study is planned and conducted. It helps reviewers to identify the appropriate type of qualitative study, and provides useful techniques for framing the project (Creswell, 2016:256–266). It is a logical progression of stages or tasks, from problem formulation to the generalisation of conclusions or theory, that are necessary in planning or carrying out the study (Maxwell, 2013: 214 -223). These stages relate to Perri and Bellamy's (2012:20) assertion that the research design is "how" data was created, collected, constructed, coded, analysed and interpreted. The researcher's understanding of design is therefore a step-by-step plan of action carried out in implementing the research. The purpose of this research was to develop an in-depth understanding of the preparedness, experience and challenges of social workers rendering social welfare services to adolescents abusing

chemical substances. Therefore, the study employed a collective case study design, and explorative, descriptive and contextual strategy of inquiry, which is discussed below.

- **Collective case study research design**

In order to collect data, the researcher conducted a collective case study. This is used when one issue or concern is selected, but the inquirer selects multiple case studies to illustrate the issue (Creswell, 2007:75). A collective case study extends to a number of cases that are chosen so that a comparison can be made between cases, and in this way theories can also be extended and validated (Fouché & Schurink, 2011:322). The researcher employed a collective case study because she was focusing on individual social workers within the Department of Social Development who are working with adolescents abusing chemical substance in the Lepelle- Nkumpi, Limpopo. She explored the collective perceptions of social workers regarding teenage substance abuse and explored, described and contextualised the experience of social workers within the Department of Social Development working with adolescents abusing chemical substances.

- **Exploratory research design**

The aim of the exploratory design is to establish facts, gather new data and determine whether there are interesting patterns in the data (Mouton 2001:103). Exploratory research according to Yegidis, Weinbach and Myers (2012:125), and to Engel and Schutt (2010:12) is used to investigate and examine a certain topic in order to develop an insight into how people get along in the setting in question, what meanings they give their actions, and what issues concern them. The exploration of the topic assists the researcher to gain insights into a situation, phenomenon, community or individual (Wiles, Pain and Crow, 2010:34). This exploratory research design helped the researcher to gain new insights into and build knowledge about social workers working with adolescents abusing chemical substances. The researcher asked questions by using semi-structured interviews and an interview guide, to explore the experience of these social workers. The researcher also reviewed literature on the particular phenomenon under study.

- **Descriptive research design**

A descriptive design entails what the researcher observes, and then describes what was observed (Babbie & Mouton, 2007:89). When using a descriptive research design, a researcher describes the phenomenon under study (Taylor, Kermode, & Roberts 2011:138).

This design helped to provide a detailed description of the social workers' perceptions through collection of data at the site where participants experience the issue under study. The researcher went to the offices at the Department of Social Development which enabled the researcher to interpret what she saw, heard and understood from the participants, the events and the environment within which the participants worked.

- **Contextual research design**

Contextual research design, according to Creswell (2009:319), seeks to avoid the separation of participants from the large context to which they may be related. Likewise, it assists the researcher to explore and describe the research problem within the context in which the participants function and thereby contributes to a better understanding (Monette, et al., 2008:219). This research design helped the researcher to obtain qualitative data within the specific context of the social workers and assisted in making a choice regarding the population, sampling methods, sampling techniques and methods of data collection. The study was conducted within the Department of Social Development offices in the Lepelle-Nkumpi Municipality of Limpopo, with the social workers. The following discussion will highlight the research methodology, the research population and sampling methods chosen for the research study.

## **1.7 Research methods**

The research methods include a description of the specific techniques that will be employed in the study (Delpont & Roestenburg, 2011:181). In addition, research methods involve the forms of data collection, analysis and interpretation that researchers propose to use in their study (Creswell, 2009:15). Research methods refer to the systematic, theoretical analysis of the methods applied to a field of study (Berg, 2009:5). Likewise, research methods are more specific and aimed at selecting cases observing and measuring specific strategies of social life, gathering and analysing data, as well as reporting the results (Neuman, 2006:37). Researchers' understanding of research methods contains details about the techniques that the researcher used and how they were employed in the study. The research methods will be discussed in detail in chapter 2.

The following section presents the research population, sampling, methods of data collection, pilot testing, and method of data analysis, data verification and ethical considerations.

### **1.7.1 Research population and sampling**

According to Strydom (2011:223), the term “population” refers to individuals who share particular characteristics that the researcher is interested in. Wilson and MacLean (2011:161) define population as an entire group that is of interest to the researcher. Population is a very large set of persons, objects, or phenomena about which researchers wish to learn (Thyer, 2010:47).

The population of this study was all social workers within the Department of Social Development working with adolescents abusing chemical substances in the Lepelle-Nkumpi Municipality of Limpopo. The researcher needs to know clearly who to include from the population to be studied, as it is important for adequacy and representativeness of the sample (Wilson & McLean, 2011:162). Currently, there are approximately 59 social workers in the Lepelle-Nkumpi Municipality of Limpopo working under the Department of Social Development. The sampling strategy for the research is outlined below.

### **1.7.2 Sampling**

According to Wilson and MacLean (2011:161), a sample is a small proportion or subgroup drawn from the population of the researcher’s interest. It is defined by Strydom (2005:195) as a subset of measurements drawn from the population in which a researcher is interested.

Sampling is the strategy used to select the group of persons, objects or phenomena for a research study (Thyer, 2010:48); the process of choosing members of a population to be included in a sample (Wilson & McLean, 2011:163) and the procedure used to identify the subset of population that will be included in the actual research (Grinnell & Unrau 2008:279). It was the process in the present research that was used to obtain a small group of people from the whole population.

Due to time and money constraints, the researcher did not include the whole population in the research study, and therefore opted to use sampling. The researcher sampled seven participants from the population, of social workers within the Department of Social Development in the Lepelle-Nkumpi Municipality of Limpopo who have worked with adolescents abusing chemical substances.

Sampling methods are discussed below.



### **1.7.3 Sampling methods**

Sampling methods include two procedures: non-probability sampling and probability sampling (Babbie & Mouton, 2005:193). The researcher should choose which sampling procedure to use, depending on the research approach they are undertaking.

Non-probability and probability sampling each has its specific approaches or strategies. For probability sampling, the chance of members of the population being selected for the sample is known (Cohen, Manion & Morrison, 2007:110). It specifies the probability that each member has of being picked (Wilson and MacLean, 2011:163). In probability sampling, everyone in the population therefore has a fair chance of being chosen, and the researcher has control over whom and how the sample will be selected.

In non-probability sampling, not everyone from the population has a chance to be chosen as part of the sample, and the researcher has little control over who their participants are. Non-probability sampling does not ensure that all units are selected (Vaswanathan, 2007:21). It is also explained by Neville (2007:21) as a process whereby the researcher has little initial control over who is presented for selection, or where controlled selection of participants is not a critical factor. The following are identified as types of non-probability sampling (Wilson & MacLean, 2011:165). For example; convenience sampling entails using whoever can be found; purposive sampling is based on specific criteria; quota sampling is stratified into subgroups; and snowball sampling is when participants identify other participants.

The researcher used purposive or non-probability sampling for this study.

According to Strydom and Delport (2006:392), purposive sampling comprises elements that contain the most representative characteristics, or typical attributes of the population that serve the purpose of the study. The researcher chose purposive sampling, because she was able to use her judgment to select participants with the particular characteristics relevant for the study. She selected social workers within Department of Social Development who were working with adolescents abusing chemical substance in the Lepelle-Nkumpi Municipality of Limpopo. The basic criteria for selecting social workers were:

- The social workers were within the Department of Social Development working with adolescents abusing chemical substances in the Lepelle-Nkumpi Municipality of Limpopo.
- The social workers were registered under the Social Service Professions Act (Act No. 110 of 1978).

- The social workers had at least two years' experience working with adolescents abusing chemical substances.
- The social workers could be of any age, race and gender.
- The social workers were willing and available to conduct the interviews.
- The social workers were able to converse in English or Sepedi.

The researcher interviewed seven participants who were willing to be part of the study, until the data reached a point of “data saturation”. According to Engel and Schutt (2010: 227) “data saturation” is the point where new interviews seemed to yield little additional information, and the processes of the sampling more participants will be subsequently terminated. Specific data cannot be determined from the outset of the study, but the number of participants to be included is determined once this point is reached (Strydom, 2011:223).

In the next section, the researcher discusses preparation for data collection, methods of data collection, pilot testing, methods of data analysis and method of data verification.

## **1.8 Methods of data collection**

Data collection is a systematic way of gathering information that is relevant to the research process (Burns & Grove, 2013: 44). According to Marshall and Rossman (2011:137), there are four primary methods of data collection in qualitative research, namely: participants in the setting, direct observation, in-depth interviewing, and document analysis. Data collection is a process of preparing for data collection, how data is going to be collected, from whom, when and by whom. Data collection is explained by Roestenburg (2011:533) as the interaction between the participant and the researcher; where the researcher uses interviews, recordings, observations and other methods to obtain rich information from the participant.

In addition, Marshall and Rossman (2011:137) explain data collection as a process of assembling the raw information from the field. This means obtaining first-hand information about the phenomenon under study from the people who experienced it, using different methods to collecting the data depending on the research approach the researcher has chosen. Qualitative data collection includes an intensive personal involvement and in-depth responses of individuals securing a sufficient level of validity and reliability (Cohen, Manion & Morrison, 2007:134). Further, it involves obtaining rich information from participants by using

observations, interviews, documents and audiovisual materials in order to achieve complex understanding (Creswell, 2016:112-115). The application of the data collection will be discussed in detail in chapter 2.

The method of data collection that was used to obtain information from the social workers was semi-structured interviews facilitated by open-ended questions contained in an interview-guide. Semi-structured interviews include a mix of more and less structured questions, that are flexible, and usually specific data is required from all participants (Merriam, 2009:660). These questions guide the interview, but there is still space for adding on or probing the answers to those questions (Hesse-Biber & Leavy, 2011:421).

The reason the researcher used semi-structured interviews for data collection was because the researcher wanted to obtain rich information from the participants. This meant that the researcher prepared the questions for the interview, but also allowed some flexibility in the way the questions were formulated.

The semi-structured interview contained open-ended questions. Open-ended questions, as defined by Walliman (2011:98), allow the participants to answer research questions freely in their own content and style, permitting freedom of expression and allowing them to qualify their responses. The reason for selecting this research tool was because it was easy to use, and the researcher could ask the questions according to how every individual understood them, while keeping in mind the purpose of the questions.

In the following section, the researcher outlines how the participants for this study were selected, the process whereby data was collected, the preparation of data collection and the role of the researcher in data collection.

### ***1.8.1 Preparation for data collection***

The researcher first asked permission to conduct the study from the Department of Social Development by writing a letter to the social work manager for the Lepelle-Nkumpi Municipality in Limpopo province. She explained why she wanted to undertake the study, the importance of the study, the ethical conduct that the study undertook to uphold, and the benefits of the research (Addendum A). According to Creswell (2016:16), ethical procedures during data collection involve gaining the agreement of individuals in authority.

The data collection took place after permission was granted and the relevant participants were prepared for the processes (Addendum F). The researcher informed prospective participants,

about the research study through an invitation letter, after she obtained permission from the Department of Social Development (Addendum B). The invitation letters included the reasons for the study, ethical conduct, confidentiality, what was required from them, and the data collection methods which used semi-structured interviews and the use of audio tapes. The invitation letter clearly stated that the study was voluntary. There was no reward for undertaking the study, and the researcher's contact details were included should they want to participate (Addendum B).

Consent forms (Addendum C) were sent to members who volunteered to participate. The researcher made arrangements to meet the participants in their offices at the Department of Social Development, which was a natural setting where they experienced the issues or problems under study and which ensured that they were comfortable and familiar with the setting. Prior to the interview, the research went through the consent form with the participants, and ensured that they understood it before signing it. According to Pitney and Parker (2009:99), informed consent is a critical part of qualitative research, even if the study poses little or no perceived risks for participants. An informed consent form acknowledges that participants' rights will be protected during data collection (Creswell, 2016:90).

The researcher collected data from social workers on the preparedness, experiences and challenges of working with adolescents abusing chemical substances. She started by asking demographic questions, and included clarification, skill and probing. The researcher also acknowledged individual differences, and let the participants know before the interview, that they could choose not to answer a question if they were not comfortable with it. She recorded the interviews with the consent of the participants. Based on this discussion, the biographical and topical open-ended questions asked during the interview are described below.

The interview was approximately 45 minutes to an hour long, and the researcher had individual face-to-face sessions with each participant. The interview included biographical questions and topical questions. The following biographical questions were formulated to help the researcher create participants' profiles:

- How old are you?
- What does your section in the Department deal with?
- How long have you been working with adolescents abusing chemical substances?

The following requests and open-ended questions were formulated as the interview guide:

- Tell me about your experiences in working with adolescents abusing chemical substance.
- Share with me a case where you had to deal with adolescents abusing chemical substances.
- What are the programs available for adolescents abusing substances in your organisation?
- Tell me more about the type of support that you receive when rendering the services to the adolescents abusing chemical substances.
- Share with me about the kind of training you have attended in preparing you to work with chemical substance cases.
- What challenges have you come across when working with adolescents abusing chemical substances?
- What suggestion or recommendations can be made to improve service delivery in adolescent's substances abuse programs?

The role of the researcher in the study will be discussed in the next section.

### ***1.8.2 The role of the researcher***

The following are interviewing skills which were used (Delpont & Roestenburg, 2011:345:346). In this regard, the researcher negotiated with the “gatekeepers” at the Department of Social Development, Lepelle-Nkumpi Municipality in Limpopo province.

The role of the researcher required treating participants in a respectful manner, assuring the confidentiality and anonymity of participants, and reflecting on the researcher's emotions during data collection. If these were not dealt with, they would be conveyed to participants, and they would react to the researcher's response (Corbin & Strauss 2008:27 -30). The researcher also conveyed sensitivity to participants, which meant being able to present their views and taking on the role of through immersion. According to Thyer (2010), the role of the researcher involves being directly involved with the participants, flexibly using a variety of social skills as the situation demands, producing extensive data in the form of written notes, recordings and so on, developing an understanding and empathy for individuals in the field setting and being able to cope with high levels of personal stress, time demands, uncertainty, ethical dilemmas and ambiguity.

Delpport and Roestenburg (2011:345-346) recommended the following interviewing skills:

The researcher used probing skills to get more information from the participants. Probing helped the service users to take notice of, explore, clarify, or further define any issues at any stage of the helping process. Thus, the researcher encouraged participants to speak more in order to ensure full participation from the participants. Listening skills were used to allow the participants to talk more, and allowed the researcher to gather more information based on the study. Furthermore, the researcher asked for clarification on responses that needed further interpretation from the participants, in order to get more detailed information. Clarification is further defined by Kirst-Ashman and Hull (2010:108) as making understood what the sender says by asking follow-up questions regarding what the service user means. The researcher used empathy as a skill, to better understand the service users' feelings, as the issue may raise certain feelings for them. Empathic response is the ability of the social worker to perceive accurately and sensitively the inner feelings of the service users and communicates his or her feelings in a language attuned to the service users' experience at the moment (Hepworth & Rooney 2013:61).

A pilot test was used to allow the researcher to test the questions to see if they were suitable to answer the research questions. This is discussed below:

### ***1.8.3 Pilot test***

According to Yin (2011:64), a pilot test helps to refine one or more final study questions and to see if they are meeting the purpose they are supposed to meet. One advantage of conducting a pilot test is that it gives an advance warning about where the main research could fail, where protocols may not be followed, and whether proposed methods and instruments are appropriate (Teijlingen & Hundley, 2001:32). A pilot test was therefore employed to ensure reliability of the interview schedule, so that it could be enhanced (Neuman, 2006: 442).

The researcher selected two volunteer participants to be part of the pilot study from the population according to the set criteria. These were interviewed one at a time for approximately 45 minutes. However, she did not include the two participants of the pilot study in the actual research.

The pilot test helped the researcher to check how the questions were answered, and if all the questions were relevant for the research. Some were required to be modified and added which assisted the researcher to predict some of the challenges that might be encountered during data collection, such as time schedules and others and start making some changes.

The next section discusses how data was analysed.

## **1.9 Methods of data analysis**

Qualitative analysis is the non-numerical examination and interpretation of observations for the purpose of discovering the underlying meanings and patterns of relationships (Babbie, 2007:378). According to Creswell (2009:175), qualitative research analysis most often consists of transcripts of interviews or notes from participants' responses. Boeije (2010:50) describes data analysis as breaking down parts and pieces of data in order to make sense of the research as a whole, and to reach conclusions from it. According to the researchers view, data analysis is a process of breaking down data in order to make sense of it. The researcher in this study used the following eight steps of data analysis by Tesch (in Creswell, 2009:186):

- The researcher prepared the data for analysis by writing down word-for-word the interviews, which were recorded digitally, combining the notes that were taken during the interviews, and putting them down together.
- The researcher went through the notes on what people were saying or what she observed during data collection, and started data reduction on the information that was not important to the research.
- The researcher compiled a list of topics from the interview notes, and then grouped them together as similar topics, major topics and unique topics.
- The researcher started the process of coding the data. According to Creswell (2009:175), this involves determining what is being said and assigning the code label to the text passage.
- The researcher grouped similar codes together to build evidence of support for broader categories to form themes.
- The researcher made a final decision on the abbreviation for each theme and put the abbreviations in alphabetical order.
- The researcher highlighted the data belonging to a particular theme in one place and did a preliminary analysis.
- The researcher used a narrative style in writing a report, which was interpreted in the form of words, tables and literature to support the statements.

The next section will elaborate on methods of data verification.

## 1.10 Methods of data verification

Verification involves comparing initials, ideas and thoughts with the data and hence may involve simply a process of second thoughts, as the data is analysed through further research (Lancaster, 2005:97). According to Given (2015:913), data verification is the process of checking one or more strategies of the research to ensure that they are a true representation of what occurred. Data verification is also explained as the testing of provisional results of the study to confirm their credibility (Given 2015:234). It is the process of ensuring integrity of the study through verifying the context of the study, the participants and the research design used.

Data verification for this study was guided by Guba's models (in Krefting, 1991:214). These emphasise the importance of the trustworthiness and rigor of the researcher. These characteristics are truth-value, applicability, consistency and neutrality.

Truth-value is concerned with whether the findings of the study are a true reflection of the study (Marinus, 2015:25). The researcher must be able to demonstrate that participants' perceptions are in line with the data they provided. The truth-value ensures that what the participants tell about their experience concerning the phenomenon under study is reflected truthfully. The truth-value is established through the strategy of credibility by which the researcher discovers the lived experiences of the participants. The researcher ensured truth-value by conducting one-on-one semi-structured interviews as a method of collecting data, where she created a rapport with the participants. She also used skills such as probing, listening, empathic responses and asking for clarification during the interview, so participants were able to describe their experiences in detail. The following four strategies were used to enhance the study's truth value:

- *Reflexivity.* According to Creswell (2014:223) reflexivity is how the researcher comments on how their own personal experiences have shaped the development of the qualitative project. This is further elucidated by Thomas and Magilvy (2011:154), that reflexivity requires a researcher to critically inspect their attitudes to check their preconceptions of the research. The researcher reflected on her emotions regarding the phenomenon under study, her cultural beliefs and how they interfered with the study prior to the data collection so she could deal with all those strategies and ensure that they did not affect the results.
- *Peer examination.* In examination of the study, the opinions of the academic supervisor, co-supervisors, colleagues and mentors regarding the research is vital and necessary



(Maree & van der Westhuizen, 2007:38). The researcher was able to ensure truth-value through attendance of research workshops at Unisa, and through continued consultation with the academic supervisor to check on the progress of the research.

- *Triangulation of data sources.* Triangulation of data sources is the comparison of multiple perspectives by using different methods of collection (Krefting, 1991:219). The researcher interviewed different social workers who had rendered social welfare services to adolescents abusing chemical substances within the Lepelle- Nkumpi Municipality of Limpopo province.
- *Authority of the researcher.* The researcher had previously conducted research during her fourth year at the University of Johannesburg in 2014. She also worked for a year as a generic social worker at the Zebediela Hospital under the Department of Social Development, where she acquired experience in working with adolescents abusing chemical substances.

Applicability refers to the probability that the study findings can be applied to other similar situations (Speziale & Carpenter, 2007:89). It refers to transferability to the study of the concepts from a naturalistic study to be applied to a different or larger context or participants' pool (Thyer, 2010:62). To ensure applicability, a clear application of the research methodology that was utilised is highlighted under the section on research methods. The researcher provided enough background about the study so that, should another researcher want to further or compare the study, they could get enough data to make the comparison.

Qualitative research methods assisted in reflecting the truth-value of the study. A follow-up interview was conducted either physically or telephonically, depending on the availability of the participants to ensure members checked the data collected.

Consistency refers to whether the findings would be consistent if the enquiry was applied with the same subjects or in a similar context (Guba in Krefting, 1991: 216). According to Thyer (2010:61), dependability ensures that the same techniques can be used in a different study to produce the same result. To ensure consistency, the researcher has shown clearly which study method was used, and how it was used in terms of methodology and data analysis. To ensure dependability, collected data was transcribed and coded by the researcher with the assistance of a qualified independent coder. The themes, sub-themes and categories were identified with the assistance of the coder and verified by the supervisor.

Neutrality in qualitative research considers the neutrality of data rather than of the researcher. Conformability is a strategy to achieve neutrality (Guba in Krefting, 1991: 216). This ensures that the study is consistent and can be used over time without depending on other factors, such as human skills, which is referred as objectivity (Thyer, 2010:62). In this study, the researcher used an audio recorder for the interviews with 6 participants, one participant did not want to be recorded, so the researcher opted to taking notes and then transcribed them immediately afterwards. The researcher also double checked by comparing the audio recordings with the transcriptions to ensure that there were no obvious mistakes.

The ethical considerations are highlighted in the following section.

## **1.11 Ethical considerations**

According to Neuman (2011:502), social research ethics means a set of principles that should be taken into account when conducting research. According to Grinnell and Unrau (2008:107), “Ethics is a set of moral principle rules and behavioral, expectations about the most correct conduct”. The authors further suggest that, every element of the research process requires a decision that ensures that what we do is ethical and that we think of the potential consequences of our decisions.

The researcher conducted the interviews with social workers within the Department of Social Development, in the Lepelle-Nkumpi Municipality of Limpopo province. Firstly, the researcher was able to assure the participants that the information would not affect them or their job, since they were disclosing information about their service users and their employers. Secondly, the researcher informed them about the purpose of the study, the possible value, what was expected of them, and how long the interview would last. Lastly, the researcher was able to ensure that the research did not cause any harm to the participants.

### ***1.11.1 Obtaining informed consent***

According to Creswell (2016:103), an informed consent form acknowledges that participants' rights will be protected during data collection. They must be legally and psychologically competent to give consent and must be aware that they are at liberty to withdraw from the investigation at any time (Strydom, 2011:117). Social research participation must be voluntarily; no one should be coerced and it is not enough to get permission from the subject,

they need to know what they are being asked to participate in, so that they can give informed consent (Neuman, 2006:99).

The researcher gave informed consent forms to the volunteers who agreed to participate (See Addendum C). These gave information about the purpose and benefit of the study, what it would benefit, how it ensured confidentiality, the method of data collection, how the participants were chosen, that it was voluntary and that they had the right to withdraw at any time.

### ***1.11.2 Confidentiality***

Confidentiality in research means that identifiable information about individuals that is collected during the process of the research will not be disclosed (Wiles, 2013:47). Respect for confidentiality is an established principle in research ethics and professional codes of conduct, meaning that information shared would not be discussed in a way that could publicly identify a participant or source (Given, 2008:54). Seidman (2006:10) further highlights the importance of the right to privacy and the right to request that participants' identities remain confidential. The researcher explained to the participants what confidentiality entails.

### ***1.11.3 Anonymity***

Anonymity occurs when even the researcher cannot link a participant to his or her data (Thyer, 2010:164). In expanding the meaning of anonymity, information provided by participants should in no way reveal their identity (Cohen, et al., 2007:31). In this study, the researcher assured anonymity by de-identifying the participant's name, and creating themes and codes so that the information could not be linked back to the service users.

### ***1.11.4 Management of information***

The researcher kept the audio recordings of the interviews as well as the transcripts of recordings made during the face-to-face interviews with participants in a safe secure cabinet (Holloway & Wheeler, 2010:15-46). She planned to destroy the audio recordings and transcripts, once the research was completed. She ensured anonymity of participants by de-identifying participant's names; and provided informed consent forms to participants outlining their ethical rights and protection from harm.

### **1.11.5 Debriefing of participants**

Debriefing, according to Babbie (2013:71), is talking to participants after the research, to discover any problems generated through the research, so that those problems or issues can be dealt with. Debriefing means addressing possible distress and discomfort that occurred from the research experience (Grinnell & Unrau, 2008:89). The researcher therefore ensured that participants were well informed of the debriefing session (Addendum D). The researcher, as a qualified social worker, was the first-hand counselor to participants who might have encountered emotional stress from the interviews. She also asked a person who was a qualified counselor to further counsel the participants (Addendum D). However, it was not necessary for any participant to undergo debriefing sessions.

The following section will define the key concepts of the research study.

## **1.12 Clarification of key concepts**

In this section, the key words central to this study are explained to clarify their meanings and to provide understanding of how they were used.

### **1.12.1 Social worker**

In South Africa, a person called a social worker, must be registered as such with the South African Council for Social Service Professions (SACSSP) according to Section 17 of the Social Service Professions Act (Act No, 110) of 1978 as amended. Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment of people. The principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (International Federation of Social Workers, 2014). Social work is geared towards helping underprivileged members of society, enhancing the wellbeing of people within their social context and addressing the wellbeing of the society as a whole (Larkin, 2004:2). For the purpose of this research, a social worker was defined as a person who was registered as a social worker

### **1.12.2 Substance abuse**

The term “substance abuse”, according to Tull (2008:21), refers to an unhealthy pattern of substance use which results in significant problems. It is defined as a maladaptive pattern of psychoactive substance use, while dependence is defined as an impaired control of use (Beck, Wright and Newman, 2011:502). Addiction is an inclusive disease affecting not just the addict’s body and mind, but their family, their intimate relationships, their work, their finances and their home (Wilber, 2006). For the purpose of this research, the researcher defined substance abuse, as the use and misuse of chemical substances in a way that affected one’s daily functioning.

### **1.12.3 Adolescents**

An adolescent is defined as a person between the ages of 13 and 18 (Collins English Dictionary 2013). Adolescents are defined by Erik Erickson as persons at a period of life between childhood and adulthood; who go through the psychosocial crisis of identity versus role confusion. This involves exploring who they are as individuals, and is typically between the ages of 12 to 20 years (Shaffer & Kipp, 2010:45). A youth, according to the South African National Commissions Youth Policy is a person aged from 14 to 35 years. It further recognises that there may be some people who fall outside this age, but who may experience similar circumstances to other young people (Rotblat, 2001:87).

Teenage-hood (adolescents) is a process of human development, the passage between childhood and adulthood, and where young people explore their burgeoning individuality and independence, and begin to think critically about themselves and the world around them (NASW, 2013:36). Papalia and Feldman (2011:396) define adolescence as a developmental transition between childhood and adulthood which entails physical, cognitive and psychosocial changes. For the purpose of this research, an adolescent was any boy or girl between the ages of 13 and 23 years.

### **1.12.4 Experiences**

Collins English Dictionary (2013) defines experience as acquiring knowledge and skills as a result of being part of events through observation or active participation. In addition to this, the authors emphasise that a person’s experiences are also an indicator of how he or she identifies with a specific situation. In this study, experiences refer to the knowledge acquired through living with a teenager abusing chemical substances. VandenBos (2007:354) explains

that they are events felt, lived or undergone by an individual as opposed to events that are imagined or thought about. These events can also be emotions through which the senses or the mind is an active participant. In the context of this study, experience meant what social workers went through while working with adolescents abusing chemical substances.

#### **1.12.5 Preparedness**

Preparedness is defined by Merriam Webster as the quality or state of being prepared, a state of adequate preparation in case of “war”. Collins English Dictionary (2013) defines it as the state of being prepared, readiness, possession of adequate resources and potential. It also contains the actual process of planning, rather than a resultant written plan. This is because those who participate in planning are more likely to accept preparedness plans in general (Veenema, 2013:16). In the context of this study, preparedness entails how ready social workers are to work with adolescents abusing chemical substances, in terms of resources, knowledge and attitude.

#### **1.12.6 Challenges**

A challenge is something new and difficult which requires effort and determination (Collins English Dictionary, 2013). Challenge is also defined by Harell (2004:103) as a demand or a call to engage in a contest or a fight. According to Gonzalez and Congress (2015:63), the challenge for social workers are to be familiar with individual structures of diversity while understanding the complex and interconnecting nature of those factors. In the context of this study, challenges meant the challenges that social workers encountered when working with adolescents abusing chemical substances.

The next session outlines the structure of the research study.

### **1.13 Structure of the research study**

The research report was divided into the following four chapters:

#### **Chapter 1: General introduction and background to the research study**

This chapter consists of the introduction and background to the study, the theoretical background, and the problem statement, the rationale for the study, the research questions, the goals and objectives of the study, the research methodology, ethical considerations, and clarification of key concepts.

## **Chapter 2: Application of the research methodology**

This chapter covers the research methods, research approaches, research design, sampling methods, data collection, data analysis and data verification selected for the study.

## **Chapter 3: Research findings and literature control**

In this chapter, the results of the data analysis are presented. The themes, sub-themes and categories are identified, compared and contrasted with literature pertaining to the phenomenon under study.

## **Chapter 4: Summary, conclusion and recommendations**

This chapter summarises the findings, conclusions and recommendations of the research study.

### **1.14 Dissemination of research results**

The research findings are primarily presented in the form of a dissertation. The findings are disseminated in the form of a report to those who assisted with the research, as well as to social workers who participated in the study. The Department of Social Development also had access to the results. Finally, the researcher completes an article for submission, review and possible publication in a professional journal.

### **1.15 Conclusion**

In Chapter 1 the background to the research problem and the problem statement was provided, together with the research question and research objectives. This was followed by a short description of the research methodology as well as the primary content of each of the chapters. In the next chapter the application of the methodology pertaining to the study will be discussed in detail.

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## **CHAPTER 2: THE APPLICATION OF THE RESEARCH METHODOLOGY**

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### **2.1 Introduction**

This chapter outlines a detailed practical unfolding and in-depth discussion of the research methodology used. It explains the rationale behind the methodology employed, how the research was conducted and what steps were taken to ensure data verification. This includes research methods, research approaches, the design employed, the sampling methods that were used and how data was collected, analysed and verified.

### **2.2 Research methodology**

Research methodology refers to the methods; designs and strategies that will guide the implementation of the research process. According to Lapan, Quartaroli, and Reimer (2012:96), research methodology refers to strategies that the researcher uses to ensure that their work can be critiqued and adapted. The author further illustrates that these strategies also guide the choices made with respect to sampling, data collection, and data analysis.

Methodology is often referred to as an approach and is the context of specific conceptions of how we come to know (Trainor & Graue, 2013:46). In support of the aforementioned, Liamputtong (2013:06) mentions that research methodology is the principle underlying a particular research, approaches, and methods which are used when collecting data. The researcher views research methodology as a process that guides the designs, approaches and strategies, which one undertakes in a research process. She unfolds how she was guided by this principle in the data collection and research process.



## 2.3 Research approach

The qualitative research approach guided the methodology, with the intention to explore and understand the preparedness', challenges and experiences of social workers rendering social welfare services to adolescents abusing chemical substances.

According to Hennink, Hatter and Bailey (2011:13), qualitative research allows the researcher to examine people's experiences in detail using a specific set of research methods such as in depth interviews, focus groups discussions, observations, context, visual methods and life histories. Fischer (2006:32) is of the view that qualitative research is appropriate when we want to understand a character, an experience or interaction on its own rights. It focuses on

the content and meaning and the actual things people say. Qualitative researchers give careful consideration to the nature of the data that they will collect and the way in which they will collect it (Wilson & MacLean, 2011:199).

The researcher chose this research approach because of the following attributes; there is a focus on the process, understanding and meaning, the researcher is the primary instrument of data collection and analysis, the process is inductive; and the end product is richly descriptive (Merriam, 2009:14). The following features also informed the chosen research approach (Yin, 2011:7-8). A qualitative approach is about:

- studying the meaning of people's lives, under real-world conditions;
- representing the views and perspectives of people;
- covering the contextual conditions within which people live;
- contributing insights into existing or emerging concepts that may help to explain human social behaviour; and
- striving to use multiple sources of evidence rather than relying on a single source.

Another motivational factor for the use of qualitative research was the fact that the qualitative research method in exploratory research uses open-ended questions and probing. This gives participants an opportunity to respond in their own words.

## **2.4 Research design**

Research design refers to how a study is planned and conducted. It helps reviewers to identify the type of qualitative method the researcher wants to employ, and provides useful techniques for framing the project (Creswell, 2016: 256–266). It is the logical and systematic planning and directing of a piece of research, a research design emerging from translating a general scientific model into varied research procedures (Liamputtong, 2013: 271). Research design can therefore be described as the step-by- step plan of action that will be carried out in implementing the research.

In line with the chosen qualitative research approach, the study was guided by a collective case study design, and explorative, descriptive and contextual strategy of inquiry. The concepts were explained in detail in chapter 1 section 1.6.2.

### **Collective case study**

In order to collect data, the researcher conducted a collective case study. This is used when one issue or concern is selected, but the inquirer selects multiple cases to illustrate the issue (Creswell, 2007:75). According to Fouché and Schurink (2011:322), a collective case study extends to a number of cases that are chosen so that a comparison can be made between cases and concepts. In this way theories can also be extended and validated. The researcher employed a collective case study, because she was exploring the collective perceptions of individual social workers within the Department of Social development who were working with adolescents abusing chemical substance in Lepelle- Nkumpi, Limpopo.

### **Exploratory research**

Exploratory research, according to Yegidis et al (2012:125), and to Engel and Schutt (2010:12), is used to investigate a certain topic to develop an insight into how people get along in the setting in question, what meanings they give their actions, and what issues concern them. The reason for this study was that little was known about the social workers' preparedness, experience and challenges when rendering social welfare services to adolescents abusing chemical substances. The selected exploratory design helped the researcher to become familiar with the basic facts, people and concerns involved. She was able to develop a well-grounded mental picture of what was occurring, formulate questions and

develop techniques and a sense of direction for future research. She asked open-ended questions by using semi-structured interviews based on an interview guide to explore experiences of social workers. The researcher also reviewed literature on the subject matter.

### **A descriptive design**

A descriptive design entails recording and then describing what the researcher observes (Babbie & Mouton, 2007:89). According to Creswell (2009:319), it seeks to avoid the separation of participants from the larger context to which they may be related. The descriptive strategy of enquiry helped the current researcher to describe the social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing substances. The researcher collected data at the site where participants experienced the issues under study. She went to their offices at the Department of Social Development to conduct face-to-face semi-structured interviews. This enabled her to interpret what she saw, heard and understood from the participants, the events and the environment within which they exist and interact in order to describe the phenomenon under study.

### **Contextual research**

Contextual research design, according to Creswell (2009:319) seeks to avoid the separation of participants from the large context to which they may be related. It assists the researcher to explore and describe the research problem within the context in which the participants function and thereby contributes to a better understanding (Monette, et al, 2008:219). This research design helped the researcher to obtain qualitative data within the specific context of social workers working with adolescents abusing chemical substances, and assisted in making a choice regarding the population, sampling methods, sampling techniques and methods of data collection. The study was conducted within Department of Social Development offices in the Lepelle-Nkumpi Municipality of Limpopo.

In the following section, the researcher outlines the research methods employed for the purpose of the study.

## **2.5 Research methods**

The research methods include a description of specific techniques that were employed in the study (Delpont & Roestenburg, 2011:181). According to Trainor and Graue (2013:14), research

methods are well-defined procedures to generate and analyse data. This is the action of the research, the how in the data collection and examination.

### **2.5.1 Population**

The study population consists of all the individuals that the researcher is interested in, and who have the required knowledge and experience (Holloway & Wheeler 2010:137). According to Fox and Bayat (2007:52), the population of a research study is the total unit from which a sample is selected. As indicated in chapter one, the researcher needs to know clearly who to include in the population to be studied, as it is important for adequacy and representativeness of the population (Wilson & McLean, 2011:162).

The researcher included all social workers as the research population who were rendering social welfare services to adolescents abusing chemical substances within Lepelle Nkumpi Municipality. Currently there are 14 social work offices geographically scattered around Lepelle Nkumpi Municipality. Of the 14 offices, three are based in hospitals, six in clinics, and five are Department of Social Development offices. Of the three hospitals, one employs four social workers, the other one employs two social workers and the third hospital employs six social workers. Of the six offices based at the clinics, four clinics employ two social workers each, and the other two clinics employ three social workers per clinic. In the five Departments of Social Development offices, there are 43 social workers ranging from three to 10 per office. The first office employs 10 social workers, the second one employs eight, the third one employs eight, the fourth one employs four social workers, and the fifth office employs three, making it a total of 59 social workers in Lepelle Nkumpi.

The researcher learned that all social workers within the Municipality are generic social workers, who are rendering services to adolescents abusing chemical substances as part of social problems they render services to. Therefore, all social workers within the Municipality were included as the population. Due to time and money constraints, the researcher could not include the whole population in the research study, and therefore opted to use sampling.

### **2.5.2 Sampling strategy**

According to Strydom (2011:223), sampling means taking a portion or a smaller number of units of a population, as a representative or having particular characteristics of that total population. As described in chapter one sampling is the process of choosing members of a population to be included in a sample (Wilson & McLean 2011:163). According to the researcher, sampling is taking a small portion of participants from the population.

The researcher obtained a sample from the population, of social workers within the Department of Social Development, in the Lepelle-Nkumpi Municipality of Limpopo, who had worked with adolescents abusing chemical substances.

#### ***2.5.2.1 Sampling methods***

As described in chapter one, non-probability sampling is the selection of the sample that does not ensure that all units are selected (Vaswanathan, 2007:21). Non-probability sampling is also explained by Neville (2007:21) as a process whereby the researcher has little initial control over who is presented for selection, or where controlled selection of participants is not a critical factor. In non-probability sampling methods, the odds of selecting a particular individual are not known, because the researcher does not know the population size or the members of the population at the beginning of the research study. According to the researcher, in non-probability sampling, the participants do not have an equal chance of being selected, therefore we can conclude that the sample cannot be generalised to the entire population.

#### ***2.5.2.2 Sampling techniques***

In non-probability sampling, there are different types of techniques that the researcher may choose to implement. According to Wilson and MacLean (2011:165), convenience sampling entails using whoever can be found, purposive sampling is based on specific criteria, quota sampling, which is stratified into subgroups and snowball sampling, which is when participants identify other participants.

For the purpose of this study the researcher used purposive sampling. According to Liamputtong (2013:14), this refers to the deliberate selection of specific individuals, events or settings because of the crucial information they can provide. Purposive sampling means individuals are selected due to them belonging to a pre-defined group, and the selection of individuals is therefore not random (Wilson & MacLean, 2011:160). Purposive sampling is based on the researcher's understanding of the population and what the study intends to achieve. The researcher therefore selected social workers who were rendering social welfare services to adolescents abusing chemical substances within the Lepelle Nkumpi District of Limpopo. The criteria for inclusion were highlighted in detail in chapter 1 section 1.8.4.

The inclusion of the social workers provided the researcher with an opportunity to explore and describe the preparedness, experiences and challenges of social workers in rendering social welfare services to adolescents abusing chemical substance. Sample size is determined by several factors, such as the complexity of the phenomenon being studied, the type of

qualitative design used by the researcher, the richness and extensive use of data, and the resources being used (Creswell 2016:110). For this reason, no specific sample size was determined at the outset of the research, but after seven interviews it was concluded between the researcher and the supervisor that data saturation was met, because the information was starting to repeat itself, and there was rich data collected.

In the following section, the researcher describes how the pilot test was conducted.

## **2.6 Pilot test**

Pilot test helps to test and redefine one or more aspects on a final study (Roberts, 2010:37). A pilot test is defined by Magnusson and Marecek (2015:70) as an instrument which helps refine the interview guide or revise researchable questions. The pilot test provides researchers with an experience in carrying out the interviews for their projects, which enables them to become adept and more confident interviewers. To expand, it is often difficult to predict how participants will interpret the questions, therefore pilot testing the discussion guide is critical (Hennik, et al. 2010:149).

The researcher conducted a pilot test of the data in order to test the interview guide soon after getting approval from the Premiers office. The aim was to test if the interview guide would generate the required data for the study, and she used the sampling criteria to select the two participants. Two volunteering participants were identified from the study population who met the inclusion criteria to ensure that they were able to answer the questions. These were individually interviewed by the researcher. It is worth noting that the two participants in the pilot testing were excluded from the final sample. As part of the pilot test process, the researcher informed the participants that they were part of the pilot test. The research purpose was explained to them, and the informed consent form was read and signed by the participants prior to the interviews.

The researcher travelled to the two volunteering participants in the selected social work offices. Both participants were located in Hospitals, where the researcher interviewed them in Northern Sotho. The interviews took approximately 45 minutes each, the researcher was able to assess her interviewing skills and to determine the duration of the interview. She learned that the interview questions were too complex, therefore participants struggled to respond and the interview turned into a complaining session. The researcher addressed this shortcoming by

modifying each question according to how the participants understood, to enhance the quality of the interviewing procedure applied in the main interviews. The researcher learnt that creating rapport is very important, as it makes participants calm and comfortable and hence they participate fully. She grasped this skill, as she interviewed more participants.

The researcher used interviewing skills such as clarification, minimal verbal responses, listening and reflective summaries during the interviews, and the use of these skills was improved as she interviewed more participants. She transcribed the interviews and had a discussion with the supervisor. Based on this meeting the researcher and the supervisor agreed that the interview guide needed to be revamped in order to obtain rich information from the participants. Therefore, some questions were added and some removed, as they did not produce information as expected and were not clear to the participants. The biographical information needed to be included.

The pilot test gave the researcher an opportunity to use her interviewing skills prior to the interview, and to decide whether the questions were suitable to provide in-depth data and answer the research questions.

In order to compile a biographical profile, the following information was included:

- age
- race
- gender
- occupation
- department
- years of experience.

The following questions were revamped and added to the interview guide as presented in chapter 1 section 1.9.1:

- Share with me a case where you had to deal with adolescent abusing chemical substances.
- What programs are available for adolescents abusing substances in your organisation?
- Tell me more about the type of support that you receive when rendering the services to the adolescents abusing chemical substances.
- Share with me about the kind of training you have attended in preparing you to work with chemical substance cases.

In the next section, the researcher presents a description of how she collected data.

## **2.7 Data collection process**

In reference to chapter one, data collection is a systematic way of gathering information that is relevant to the research process (Burns & Grove, 2013: 44). Data collection is a process of preparing for collecting data, how data is going to be collected, from whom, when and by whom. The data was collected from social workers rendering services to adolescents abusing chemical substances. It involved fieldwork, as it required the researcher to go out into the field. The process of data collection consists of more than simply collecting different forms of data, instead it involves several steps that stretch from the selection of the site to designing forms for recording information (Creswell 2016:105). Based on the above description, the following process of data collection was followed:

### **2.7.1 *Gaining access to research site***

Before any research project can be conducted, it is of outmost importance that permission be obtained from the relevant stakeholders (Strydom, 2011:333). Access may be gained through formal and informal networks (Owen, Algeo & Connor, 2015:262). According to Strydom (2011:333), permission granted at the beginning of the project does not entitle the researcher to all information and he or she should from time to time gain further permission as and when necessary.

The researcher established that in order to obtain access to the potential social workers population situated within the offices of the Lepelle-Nkumpi municipality, permission was required from the Department of Social Development head office in Limpopo. The Department of Social Development requested the researcher to fill in a form and send all the necessary



documents, for the proposal to be evaluated. The proposal was accepted by the Department of social Development and permission was granted (Addendum F). The researcher had to wait for a period of four months before the proposal could be evaluated by the Department, which delayed the interview process, the researcher was in contact with the Department of Social Development to make follow ups on the research evaluation, where she was sent from office to office with no luck. After a long wait and perseverance, the Department of Social Development responded via email, with a letter granting permission to use their premises and to interview social workers within the Lepelle Nkumpi District.

The Premiers office in Polokwane Limpopo granted permission in writing on the 24th of May 2018 that the research could be conducted at the Lepelle-Nkumpi municipality offices (Addendum F). The researcher approached the Lepelle-Nkumpi District managers, with the letter, asking for permission to conduct the study. The social work manager at Lepelle-Nkumpi, granted the researcher permission to use their premises, and which enabled her to start recruiting participants

### ***2.7.2 Recruiting participants***

The first step to collecting information was to identify participants. In a qualitative study, researchers often have to recruit participants to be involved in the study and this recruitment may require placing advertisements in newspapers, contacting sites (e.g. support groups), sending out letters or emails, posting flyers about the project, and asking for recruits (Creswell 2016:108). According to Liamputtong (2013:19), gate keepers help to gain access to potential research participants. These gate keepers also assist with distributing information sheets or flyers to the potential participants. The researcher therefore used the social work manager at Lepelle-Nkumpi Municipality, as a gate keeper to gain access to potential participants. This manager helped to give the available social workers the invitation letters (Addendum B) and to identify potential participants. Ten social workers were identified as potential participants, three were based at different hospitals, and seven were based at Department of Social Development offices within the Municipality.

Four out of the seven potential participants required more information before they decided to participate. Therefore the researcher took time to explain the study, the ethical considerations, and gave the social workers the opportunity to ask questions. She had contacted participants who volunteered to be part of the study, and set appointments that suited them the best.

### **2.7.3 Preparing participants for data collection**

The researcher ensured rapport by engaging in casual conversation prior to the interviews to make the participants comfortable. She opted for the hard copy of the consent forms, as it was more manageable, she explained the content of the research and each participant read and signed the consent form. The researcher explained to the participants the ethical considerations, as they were given in chapters one and chapter two. A second appointment for the purpose of data collection was made by the researcher and the participants.

Over a period of two weeks, seven social workers from Lepelle-Nkumpi District of Limpopo, who had rendered social services to adolescents abusing chemical substances, were interviewed for approximately 30 to 45 minutes each. According to Hepworth, Rooney, Rooney, Strom-Gottfried and Larsen (2013:47), rapport fosters open and free communication, which is the hallmark of effective interviews. It begins by greeting the client warmly and introducing yourself. The interviewer thus establishes an appropriate atmosphere such that the participant can feel secure to talk freely (Cohen, et al 2007:261). During the interviews, the researcher made observations of the surroundings and took notes of participants' non-verbal behaviours. According to Egan (2010:132), nonverbal behaviours regulate conversations, communicate emotions, modify, verbal messages, provide important messages about the helping relationships and give insights into self-perceptions.

The primary data was collected through a semi-structured interview guide as identified in chapter 1 section 1.9.1 using Northern Sotho, and interviews were later transcribed into English. The researcher took note of Rubin and Rubin (2012:5-6) characteristics of qualitative research which included:

- Qualitative interviews are more one sided, where interviewers ask most of the questions and the interviewee provides most of the answers
- Rather than just listening, the interviewer keeps record of the conversation
- In qualitative interviews, the researcher seeks more depth but on a narrower range of issues than people do in normal conversations
- To get in-depth and detailed information, the interview is structured around three types of linked questions: main questions, probes and follow up questions.

The participants were free to ask any clarification questions. The interview started with biographical questions, which gave the researcher background information about the

participant. These data included the race, gender, age, work experience, occupation and the department they worked in.

The semi-structured face-to-face interviews facilitated by open-ended questions contained in an interview guide gave the participants an opportunity to talk about their knowledge and experiences in detail. When using in-depth qualitative interviewing, one of the key naturalistic research methods is that the researcher talks to those who have knowledge of or experience with the problem of interest. Through such interviews, the researcher explores in detail the experience, motives and opinions of others and learns to see the world from perspectives other than their own (Rubin & Rubin, 2012:3)

The researcher was thus able to interview seven social workers in their offices where they experience the phenomenon under study who were rendering social welfare services to adolescents abusing chemical substances. She was able to listen to their stories from their point of view, as social workers, allowing change in the sequencing and wording of questions to each particular interview. The researcher was then guided by interviewing skills like paying attention to verbal and nonverbal communication, probing, seeking clarity and summarising to enhance the accurate interpretation of what the participants meant in their response.

In order for the researcher to obtain rich information from the participants, the communication techniques by (Strydom 2011: 345) were utilised:

**Minimal verbal responses** - a verbal response correlating with occasional nodding, for example mm, yes will show participants that the researcher is listening. During the interview with the participant, the researcher therefore nodded and maintained eye contact. She nodded and said “Yes” as a way of encouraging the client to explain further.

**Clarification** - this embraces a technique that will be used to get clarity on statements. According to Kirst-Ashman and Hull (2013:64), making certain that what the sender says is understood is used when there are questions about what the client means. During the interviews the researcher asked for clarification from participants to ensure that she understood. For example the researcher asked participants “what do you mean by that” to get clarity on what was said.

**Listening- interviews should have effective listening skills.** During the interviews this skill helped to get more information by letting participants talk as much as possible.

**Reflective summary** - summarised the participant's ideas, thoughts and feelings verbalised to determine whether the interviewer really understood what he or she was saying. During the interviews the researcher used this skill, for example the interviewer would ask "so what you mean is this" this helped the participant to reflect and to explain more.

**Probing** - the purpose is to deepen the response to a question, to increase the richness of the data being obtained, and to give cues to the participant about the level of response that is desired. During the interview the researcher used probing to get more information, for example "can you tell me more about...."

**Comments** - inject your own idea or feeling to stimulate the participant into saying more, during the interviews the researcher commented on something that was said by other participants in attempt to get a participant to say more or give their own understanding on that particular issue.

**Documentation-** the Department of Social Development and Department of Health website and official documents were consulted.

**Observations-** The researcher observed non-verbal behaviour and was aware of the facial expressions, body motions and changes of voice when the participants spoke about the challenges they experienced when rendering services to adolescents abusing chemical substances. Out of the seven participants, three participants became irritated when they were sharing their experiences and challenges with the researcher, as this evoked some emotions and frustrations they are facing with regard to rendering services to adolescents abusing chemical substances. The last four showed no emotions at all.

For four out of the seven participants, it was their first time of debriefing their experiences of working with adolescents abusing chemical substances. So, as they were sharing their experiences, it released a lot of emotions they have with regard to their challenges and the lack of interest from the Department in assisting and taking this matter seriously. One participant did not want to be recorded, because she did not feel comfortable with the process. The researcher acknowledged this participant's concerns and recorded the interview in writing.

This posed a challenge to the researcher, as she had to write and also concentrate on the participant at the same time which was uncomfortable and distractive. The researcher dealt with this shortcoming by only jotting down main points and listening attentively. The interviews were concluded by firstly asking the participants if they wanted to add anything. If not, they were acknowledged with a thank you for participating in the research.

The next section will describe how data was analysed

## **2.8 Data analysis**

Qualitative data analysis is the non-numerical examination and interpretation of observations for the purpose of discovering underlying meaning and patterns of relationships (Schurink, Fouché & De Vos, 2011: 399). In addition, qualitative data analysis begins as data is being collected rather than after data collection has ceased (Monette, et al., 2008: 323). Qualitative data is coded to assist the researcher to identify themes and sub-themes.

The researcher in this study used the following eight steps of data analysis by Tesch (in Creswell, 2009:186) to analyse the data:

- **The researcher prepares the data for data analysis by writing down word-for-word the interviews, which were recorded digitally, and combining the notes that were taken during the interviews, and putting them down together.**

The researcher went through all the transcripts after reaching data saturation, she wrote down some ideas as they came to mind that stood out from the interviews

- **The researcher went through the notes on what people were saying or what the researcher observed during data collection, and start data reduction on the information that was not important to the research.**

The researcher read through the transcripts and notes, trying to make sense of what they were telling her, reducing information that was not important.

- **The researcher compiled a list of topics from the interview notes, and then grouped them together as similar topics, major topics and unique topics.**

The transcribed data was then broken down into segments;

- **The researcher started the process of coding the data. According to Creswell (2009:175) this involves determining what is being said and assigning the code label to the text passage.**

The researcher assigned code names to core-themes and sub-themes. She then added the codes next to side of the transcripts, all the main words were allocated to a theme or sub-theme and during this process new themes and sub-themes emerged.

- **The researcher grouped similar codes together to build evidence of support for broader categories to form themes.** The researcher found the most descriptive wording for the broader categories to form themes.
- **The researcher made a final decision on the abbreviation for each theme and put the abbreviations in alphabetical order.**

The researcher together with an independent coder identified final themes and subthemes that were used in the study. This was based on the objectives of the study, to ensure that the research questions were answered.

- **The researcher used a highlighter to emphasise the data belonging to a particular theme in one place and did a preliminary analysis.**

The researcher assembled themes and sub-themes to each category and performed a preliminary analysis.

- **The researcher used a narrative style in writing a report, which was interpreted in the form of words, tables and literature to support the statements.**

The content of each theme and sub-theme was discussed, based on the responses of the participants, and verified against the literature control.

The digitally recorded interviews were transcribed as soon as possible and combined with the written notes to ensure reliability. Participant's information was de-identified from the transcripts to ensure anonymity.

The next section will elaborate on data verification of the research study.

## **2.9 Data verification**

Data verification for this study was guided by Guba's models (in Krefting, 1991:214). This emphasises that the trustworthiness and rigor of the researcher are vital. The characteristics to ensure trustworthiness are truth-value, applicability, consistency and neutrality. These are discussed in Table 2.1 below.

Table 2.1: Data verification

<b>Methods of data verifications</b>	<b>Strategies</b>	<b>Activity</b>
<b>Truth-value</b>	Reflexivity	The researcher reflected on her personal experience when rendering services to adolescents abusing chemical substances, as an intern social worker so they won't disrupt the research. The researcher also dealt with her own experiences, culture and beliefs that may affect the true findings of the research.
	Peer examination	The researcher had continued consultation with the supervisor with regard to the research, and also attended workshops on research writing at UNISA.
	Authority of research	The researcher was an intern social worker at a hospital, where she obtained experience of working with adolescents abusing chemical substances.
	Interviewing techniques	The researcher made use of interviewing techniques during the interviews with participants, such as simple encouragement, probing, minimal non-verbal responses, and attentively listening to ensure truth-value of the study.
<b>Applicability</b>	Detailed description of the research methodology	The researcher provided a detailed explanation of the research methodology used, the research methods, the selection of the participant, semi-structured interviews, the management of information, ethical considerations, data analysis and data verification.
	Exploratory study	The study sought to explore the social workers' preparedness, experiences and challenges of rendering services to adolescents abusing chemical substances in Lepelle Nkumpi District of Limpopo. It may be possible to generalise the study findings to similar settings.
<b>Consistency</b>	Data collection process	The researcher provided a full description of the data collection process of the research.
	Data analysis	With the help of the supervisor and an independent coder, the researcher identified data saturation with the 7 <sup>th</sup> interview with the participants. A coding

		system was used, themes and sub-themes were identified.
<b>Neutrality</b>	Independent coder	The researcher had the assistance of an independent coder to code the data, create themes and subthemes. These were discussed with the supervisor to ensure that they were in line with the transcripts.
	Audio recorder	The researcher made use of audio recording and notes taking during the interviews to ensure that verbal and non-verbal information were fully captured to ensure consistency.
	Interview settings	The researcher interviewed the entire group of participants in the same setting structure, which was their offices, to maintain the same consistency in terms of comfortability of participant.

## 2.10 Ethical considerations

Research ethics relates to what is right and what is wrong when conducting research. The scientific research should therefore conform to generally accepted norms and values (Brynard, Hanekom & Brynard, 2014: 94). According to Strydom (2011:114), the term 'ethics' implies preference that influences behavior in human relations, conforming to a code of principles, the rules of conduct, the responsibility of the researcher and the standard of conduct of a given profession. Wilson and McLean (2011:599) add that ethics is a branch of philosophy concerned with the way in which we formulate codes and principles of moral behavior. Ethical guidelines are produced by professional bodies to ensure that is the case.

Furthermore, research institutes and universities have established institutional review boards, and formal committees that approve or disapprove research proposals (Rubin & Rubin, 2012:85). The researcher therefore obtained ethical clearance from the University of South Africa ethical committee and the Department of Social Development ethical committee. The researcher gave regard to all the ethical principles and rules of conduct which the research was required to undertake to distinguish right and wrong in practice.

### 2.10.1 Permission obtained



Firstly, the researcher was granted ethical clearance for the study from the Department Research and Ethics Committee of the University of South Africa under the auspices of the Department of Social Work (Addendum E). Secondly, permission to conduct the study was sought and obtained from the Department of Social Development (Addendum F). The researcher established that in order to obtain access to the target social workers' population situated within the offices of the Lepelle-Nkumpi municipality, permission was required from the Department of Social Development head office in Limpopo. The Department of Social Development requested the researcher to fill a form and send all the necessary documents in order for the proposal to be evaluated and accepted.

### ***2.10.2 Obtaining informed consent***

Informed consent is a core requirement of research. This ensures that participants understand the nature of the research, are aware of the risks it poses, and are not forced either covertly or overtly to participate (Rubin & Rubin, 2012:91). Informed consent is an agreement, usually written, to participants in the study after they have been informed of the consequences of participation (Wilson & MacLean, 2011: 603). It is the procedure in which individuals choose whether to participate in an investigation after being informed of facts that would be likely to influence their decisions (Cohen, et al., 2007: 52). The author further explains the four elements which assure that participants' rights have been given appropriate consideration (Cohen, et al., 2007:52-53).

- Competence- implies that responsible individuals will make correct decisions, if they are given the relevant information.
- Voluntarism- entails applying the principle of informed consent, thus ensuring that participants freely choose to take part in the research. It guarantees that exposure to risks is undertaken knowingly and voluntarily.
- Full information- implies that consent is fully informed, though in practice it is often impossible for researchers to inform subjects on everything.
- Comprehension-refers to the fact that participants fully understand the nature of the research project.

The researcher read the informed consent with the participants, which included:

- The goal of the study.
- The purpose and benefits it would have for the participant or any other stakeholder.
- An explanation of why the participant in particular was chosen, how they were chosen and that their participation was completely voluntary.
- A clear description of what could be expected of the participant, should they choose to volunteer.
- The location of the study.
- Explanation of the participants' rights, that they could choose to withdraw from the study at any time, they could ask for clarity throughout the study.
- How the information shared by participant was recorded, and it was explained how the researcher was going to ensure anonymity and confidentiality.

This information helped the participant to make an informed decision about whether or not to participate in the study. Those who chose to participate asked for more clarity where needed and signed the forms to confirm their participation in the study.

### **2.10.3 Confidentiality**

Confidentiality entails keeping the research data about individual participants private (Wilson and MacLean, 2011: 600). Confidentiality is the particular privacy that a researcher guarantees by not disclosing information received. This privacy should be restored by the obliteration of any connections with the person to whom it was disclosed (Hammersley & Traianou, 2012:121). According to Cohen, et al. (2007: 63), confidentiality means that although researchers know who has provided the information or if they are able to identify participants from the information given, they will in no way make the connections known publicly. The author further outlines the techniques to ensure confidentiality of data and information without exposing the participant (Cohen et al., 2007: 63):

- Deletion of identities- deleting all participant means of identification from the data
- Basic report categories- releasing the year of birth rather than the specific date, using general information rather than specific
- Micro-aggregation- the construction of "average person's" from data on individuals and the release of these data, rather than data on individuals
- Error inoculation- deliberately introducing errors into individuals records while leaving the aggregated data unchanged

The researcher assured the participants that all the information provided would be de-identified and would in no way make the connections known publicly. The researcher ensured confidentiality by keeping all the records and notes in a safe and locked cabinet at work.

#### ***2.10.4 Anonymity***

Anonymity guarantees that information provided by participants should in no way reveal their identity. A participant is therefore considered anonymous when the researcher or another person cannot identify the participant from the information provided (Cohen et al., 2007:64). Anonymity refers to concealing the identity of the participants in all documents resulting from the research, therefore actively protecting the identity of the research participants (King & Horrocks, 2010:117). In addition, anonymity refers to the information each person gave the researcher, not the identity of who took part in the research (Tolich, 2016:34).

In this study, the researcher assured anonymity by de-identifying the participant's name, and creating themes and codes so that the information could not be linked back to the service users.

#### ***2.10.5 Management of information***

As suggested in chapter one, the researcher kept the audio recordings as well as the transcripts of recordings made during the face-to-face interviews in a safe secure cabinet which only the researcher could access (Holloway & Wheeler, 2010:15-46). The researcher ensured that names were erased from the notes and the recordings, but instead used numbers to identify the participants. Participants name and identification was not disclosed by de-identifying the information before, the supervisor and the independent coder had access to them. The researcher planned to destroy the notes and the recordings as soon as the research was done.

#### ***2.10.6 Debriefing of participants***

Debriefing means addressing any misunderstandings or confusion which might have occurred during the interviews with the participants. To protect methodological validity, informed consent procedures often do not include the hypotheses or other information about the research which would not be expected to affect willingness to participate, but might bias participants respond. Debriefing procedures therefore provide participants with the opportunity to be informed about such undisclosed information and to ask questions about the research.

According to Jackson, (2010:57) debriefing means providing information about the true purpose of the study. Through such debriefing, participants learn more about the benefits of the research to them and the society in general, and the researcher bring them back to the same state of mind they were in before they engaged in the study. Debriefing sessions give subjects opportunity to work through their experience and its aftermath, and where they can have their questions answered and misconceptions removed (Strydom, 2011:122).

The debriefing allows the researcher has to rectify any misconceptions that may have arisen in the minds of participants. The process includes (Strydom, 2011:122):

- Debriefing sessions after the study, allows subjects get the opportunity to work through their experience and its aftermath.
- Researchers must rectify any misconceptions that might have arisen in the minds of the participants' after completion of the project.
- Termination and withdrawal of the therapy must be handled with the utmost sensitivity in cases where subjects benefited from the therapeutic aspects of the research.

The researcher as a qualified social worker was a first- hand counselor, so immediately after the interviews, the researcher made observations for further debriefing. She also made the participants aware of the service should they need to use it after the interview. She also asked participants if there was anything they would like clarity on, or would like to add at the end of the interview, should they feel that some aspects were not clearly explained to them. The researcher also asked a person who was a professional counselor to assist in further counseling (Addendum D). However, it was not necessary for anyone to undergo debriefing, as far as the researcher was aware.

## **2.11 Limitations of the research**

No research design can ever be perfect (Marshall & Rossman, 2016). The researcher therefore undertook not to make any assumptions regarding the findings or generalise the knowledge obtained.

Receiving a formal approval from the Department of Social Development to gain access to the research participants consumed a lot of time. This was overcome by constant follow ups. Access was only granted to a few of participants in a specific area, which limited the general

usefulness of the data collected. This realisation acknowledges the fact that qualitative research is not aimed at generalisation, this is a case study of selected groups in selected areas as indicated in the title and goal. The study was done to pave the way for a large-scale study. Some social workers made appointments and kept cancelling them at the last minute due to clashing schedules, this was time consuming and wasted a lot of resources.

## **2.12 Conclusion**

In conclusion, this chapter outlined how the research methodology was applied, and how the qualitative approach, designs, data collection, data analysis, data collection and ethical consideration process unfolded in the research.

Chapter 3 will provide findings compared with relevant literature pertaining to the phenomenon under study.

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## CHAPTER 3: RESEARCH FINDINGS AND LITERATURE CONTROL

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### 3.1 Introduction

This chapter provides the data presentation, analysis and interpretation of the primary empirical evidence collected with semi-structured interviews from the participants. The arrangement of the objectives of the study serves as a primary structure for the data presentation based on findings from the thematic analysis. This information is compared and contrasted with relevant literature pertaining to the phenomenon under study.

The study followed a qualitative research approach to inquiry which sought to explore and describe social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances. The study was an explorative, descriptive and contextual case study. It consisted of seven social workers who met the inclusion criteria discussed in chapter 2. The research findings will first focus on biographical details of the seven participants in the study.

### 3.2 Demographic information of participants

Table 3.1: gives a summary of demographic information of the participants within which the findings were obtained

Participant	Age	Gender	Ethnicity	Department	Language	Experiences
1	43	Female	Black	DSD	N/Sotho	7 years
2	29	Male	Black	DSD	N/Sotho	4 years
3	29	Male	Black	DSD	N/Sotho	5 years
4	33	Male	Black	DSD	N/Sotho	4 years
5	31	Female	Black	DSD	N/Sotho	5 years
6	34	Female	Black	DSD	N/Sotho	7 years
7	30	Female	Black	DSD	N/Sotho	4 years

Table 3.1: Demographic information of participants

#### Participant's age

Tablet 3.1 reveals that the age range of participants is from 43 to 29 years, one participant who was the oldest was 43, one participant was 34, one was 33, one was 31, one was 30 and two who were the youngest were 29 years of age. The age range of participants is from youth to adulthood meaning that they have reached a certain level of maturity. According to Dacey, Travers, and Fiore (2009), the middle adulthood stage spans the period 30 to 44 years of age. Starting from 27 the major developmental tasks are achieving autonomy from one's parents, career choice, marriage, childbearing (Pulkkinen, 2017: 106). The author further explains that at the age of 27 about 91 percent of people generally felt themselves to be independent of their parents in terms of their decision making (Pulkkinen, 2017: 106). However, Traxillo and Fraccaroli (2016:60) view the workplace as ageing in most industrialised countries, with people working longer, and fewer younger workers entering the workplace. These trends can be attributed to factors such as increased life span, lower birth rate, and high levels of youth unemployment. They have resulted in the development of a broad range of workplace challenges associated with age, such as larger groups of older and younger people working together.

### **Participant's gender**

Out of the seven participants, four were females and three were males. This indicates that there are more female social workers than male social workers. This gender distribution of participants' correlates with the statement made by Whalley (2012:92) in a General Social Care Council Report that social work has been seen traditionally as a "caring" profession with a majority of women and a minority of men. Karsten (2012:199) concurs with the above, that the world of work is changing, with more women than ever before entering the workforce.

### **Participant's ethnicity**

All seven participants were from the same ethnic group, which was black and most if not all their clients also belonged to the same ethnic group. This is attributable to the geographical location of the participants, the Lepelle Nkumpi Municipality, where the black race is dominant. According to Malesevic (2004:4), ethnicity is not the possession of cultural characteristics that make socially groups distinct but rather it is the social interaction with other groups that makes that difference possible, visible and socially meaningful. The author further explained that ethnicity is not a thing or a collective asset of a particular group. It rather is a social relation in

which social actors perceive themselves and are perceived by others as being culturally distinct collectives. Banton (2010:188) describes ethnicity as a matter of cultural differentiation. It is centrally a matter of shared meanings, no more fixed or unchanging, as an identification is collective and individual in personal self-identification.

### **Participant's department**

The participants are employed by the Department of Social Development in Lepelle-Nkumpi District as generic social workers, based at different institutions, from hospitals, clinics and Department of Social Development offices. Three participants are based at different hospitals within the Municipality, three social workers are based at clinics, and one social worker is based at the Department of Social Development offices. According to Hepworth et al (2013:5), social workers are active in diverse settings, from governmental, agencies, school, health care centers, family, businesses, and correctional services (Department of Social Development, 2013d:15). The National Department of Social Development provides strategic leadership and support and also coordinates the implementation of social welfare services throughout the welfare sector.

### **Participant's language**

All participants in this study spoke Northern Sotho as an official language. Hence during the interviews all participants felt comfortable being interviewed with their home language. The researcher spoke and understood the language, which played a vital role in making the participants comfortable and creating rapport during the interviews. Northern Sotho also known as Sepedi, is common in Mpumalanga and the Limpopo Province. It is spoken by approximately 4.7 million individuals and it is one of the 11 official languages in South Africa (South Africa explored, accessed 2018, 05 November).

### **Participant's years of experience**

All seven participants have experience in rendering social welfare services to adolescents abusing chemical substances. On average, the participants' working experience ranges from 7 years to 4 years. Out of the seven, two participants have seven years of experiences, two participants have five years experiences, and three participants have four years of experience



in rendering social welfare services to adolescents abusing chemical substances. The inclusion for this research required that social workers must at least have two years' experience rendering social welfare service to adolescents abusing chemical substances. From the years of experience, social workers are well experienced in this field.

The next section will focus on the research findings which consist of the themes and sub-themes that emerged from the analysed data.

### 3.3 Thematic analysis of interviews

The data collected with the semi-structured interviews conducted with the social workers was analysed using the eight steps proposed by Tesch (in Creswell,2009:186). The thematic analysis method (see chapter 2, section 2.7 above) was used to determine the social workers' preparedness, experiences and challenges when rendering social welfare services to the relevant adolescents. The main themes were derived from the raw data and these themes were further divided into sub-themes as presented in Table 3.2 below. It must be born in mind that there are overlaps between the themes.

The main focus areas for the interviews was to determine the **preparedness, experiences and challenges** of social workers while rendering social welfare services to adolescents abusing chemical substances.

As reflected in Table 3.2 below, all the themes and sub-themes defined are in one way or another linked to the process of rendering social welfare services. The themes are presented using verbatim quotations from participants, and each theme and sub-theme will be compared to and contrasted with research findings of similar studies and other relevant literature.

The following Table 3.2 reflects the six themes and their sub-themes that may impact on the preparedness, experiences and challenges of social workers when rendering social welfare services to adolescents abusing chemical substances.

**Table 3.2 Overview of the key themes and sub-themes**

THEMES	SUB-THEMES
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<b>Theme 1:</b> social workers' preparedness in rendering services to adolescents abusing chemical substances.	<b>Sub-theme1.1:</b> social workers' job description.  <b>Sub-theme1.2:</b> social workers' training and competency findings.
<b>Theme 2:</b> social workers' experience in working with adolescents abusing chemical substances.	<b>Sub-theme 2.1:</b> magnitude of substance dependency.  <b>Sub-theme 2.2:</b> social worker's work environment.  <b>Sub-theme 2.3:</b> social worker's emotional challenges.
<b>Theme 3:</b> institution that plays a role in substance dependency assistance for adolescents	<b>Sub-theme 3.1:</b> substance dependency treatment centres.  <b>Sub-theme 3.2:</b> department of health.  <b>Sub-theme 3.3:</b> private sector challenges.  <b>Sub-theme 3.4:</b> multidisciplinary team in substance abuse.
<b>Theme 4:</b> process of rendering social services on substance abuse	<b>Sub-theme 4.1:</b> first contact with the social worker by adolescents with substance dependency.  <b>Sub-theme 4.2:</b> assessment of client.  <b>Sub-theme 4.3:</b> screening process using the assessment tool.  <b>Sub-theme 4.4:</b> referral process.  <b>Sub-theme 4.5:</b> preparation for rehabilitation.  <b>Sub-theme 4.6:</b> the detoxification process.  <b>Sub-theme 4.7:</b> preparation for the client and the family for integration.  <b>Sub-theme 4.8:</b> after-care programs.
<b>Theme 5:</b> challenges faced by social workers in	<b>Sub-theme 5.1:</b> lack of commitment by the

rendering the social welfare services to adolescents abusing chemical substances	<p>Department of Social Development.</p> <p><b>Sub-theme 5.2:</b> lack of resources.</p> <p><b>Sub-theme 5.3:</b> social workers' supervisory challenges.</p> <p><b>Sub-theme 5.4:</b> availability of chemical substance in communities.</p> <p><b>Sub-theme 5.5:</b> challenges accessing the rehabilitation centre for referrals.</p>
<b>Theme 6:</b> suggestion for service delivery in substance abuse	<p><b>Sub-theme 6.1:</b> availability of resources.</p> <p><b>Sub-theme 6.2:</b> training for social workers with substance abuse clientele.</p> <p><b>Sub-theme 6.3:</b> awareness campaigns.</p> <p><b>Sub-theme 6.4:</b> after-care services.</p> <p><b>Sub-theme 6.5:</b> involvement by Department of Social Development.</p>

These themes and sub-themes will be discussed in the next section. The findings will be presented in line with the research objectives. The findings will be verified by story lines from the participants and integrated with literature.

## **THEME 1 - SOCIAL WORKERS' PREPAREDNESS IN RENDERING SERVICES TO ADOLESCENTS ABUSING CHEMICAL SUBSTANCES**

**Research objective 1:** The first research objective for the study was to explore and describe the social workers preparedness to render social welfare services to adolescents abusing chemical substances.

To ensure effective substance abuse social welfare services delivery, the job description of social workers should include a deliverable, knowledge base and adequate skills when

assisting with substance abuse cases. This means the social workers should receive adequate training on substance abuse assistance and as well as the opportunity to attend refresher courses. This includes an understanding of the substance dependency rehabilitation process. Support from senior personnel to provide supervision, support and leadership is very important.

The following sub themes were identified by the thematic analysis, namely social workers' job focus and training received to deliver a social service for substance abusing adolescents.

### **Sub-theme 1.1: Social workers job description**

One of the questions of the semi-structured interviews was to determine how the social workers interviewed understand their job description. The following was reported by the participants:

*"I am generic social workers it deals with everything, disability, foster care, substance all the social problems" (Participant 1).*

*"My section is a generic social worker, so I work with all the cases that needs social work services we attend it and assist where we can" (Participant 2).*

*"Well I am a generic social worker, so I deal with almost everything social work related, we don't chose cases and we don't specialise, family preservation, substance abuse, foster care all those social problems" (Participant 4).*

As derived from the interviews, the social workers job focus is generic in nature and not specifically focusing on assisting adolescents abusing substances. As the nature of the problem is escalating due to economic circumstances, the assistance rendered would possibly be more successful if more social workers can be trained to specialise in assisting adolescents with substance abuse.

According to Lowison and Ruiz (2011:56), social workers provide services across a range of agencies, populations and general locales, because they routinely assess and refer to a range of clients with social problems. Holland and Scourfield (2015:73) also suggest that social

workers work together with clients to develop their inner resources and mobilise outside facilities if necessary to bring about changes in the environment.

Social workers regularly encounter individuals, families, and communities affected by substance use. Some social workers specialise in substance abuse, whereas most social workers provide services to individuals and families in a non-speciality settings in which substance abuse are often integral to the client's presenting problems (National Association Social Worker, 2013:5). Furthermore, it is confirmed by DiNitto and Mcneere (2007: 189) that social workers see individuals with addictions or impulse-control disorders in many settings, where they intervene to prevent drug problems and help clean up the communities from substance use.

### **Sub-Theme 1.2: Social workers training and competency findings**

With regard to the training social workers received, the following was reported by the participants:

*"Well when I started coordinating substance, there was no training that I attended, so the knowledge that I used, was from my colleague who was coordinating substance alone in the whole of Lepelle Nkumpi, so when I joined her, she taught me what I know, how to get in touch with Rehabilitation centres, how to write the reports and all those things, so I think after two years of coordinating, that is when I attended a training workshop that was provided by South African Council on Alcoholism and Drug Dependence" (Participant 2).*

*"So far I only attended one workshop on substances, I think around March this year (2018), which was an eye-opener, it taught me a lot of things that I wasn't aware of in substance abuse, I didn't know or understand the broad issue of addiction and substance, how easy one can get addicted to substance" (Participant 3).*

*"I was using my experience from generic social worker, what I was taught in university and I was acquiring more skills as I am busy rendering this services so we learned as we go and as we make mistakes, so that's what prepared me" (Participant 3).*

Based on the information provided above, it is clear that some of the social workers have the skills and competencies to work with adolescents having substance dependency. It is however clear that a percentage of the social workers don't have the skills and competencies needed for the task at hand. More training and refresher courses are thus needed to ensure an effective service delivery.

The literature consulted highlights that substance abuse among adolescents generally continues to be a societal problem which requires high quality and cost effective treatment (Olaore, 2010). The involvement of social workers in providing some form of substance abuse services points to the needs across the profession for more comprehensive training in this area. This need is further supported by the fact that the amount of training in substance abuse counselling in Lepelle Nkumpi is less than in other areas, although a large number of clients are presenting with the problem (Smith, Whittaker & Weismiller, 2006). Taleff (2006:2) continues that social workers' lack of knowledge pertaining to chemical substances may lead to an inability to plan and execute services that would eliminate or, at the very least deal with, this social problem. A lack of training of social workers may limit substance abusing clients' access to appropriate and effective treatment and intervention, as evidence indicates that historically social workers received little or no training with regard to substance abuse in degree programs (Hall, et al, 2000).

Furthermore, Smith et al (2006:40) report that only one percent of social workers completed a certificate program as part of their formal education in substance abuse treatment and prevention certificate. In support of the statement above, the Bureau of Labour statistics reports that only 21% of social workers were employed in mental health and substance abuse positions in 2006. The prevalence and wide-reaching effects of substance misuse therefore underscore the importance of specialised education and ongoing training among social workers in the treatment of this vulnerable population (Lowinson & Ruiz, 2011: 62).

## **THEME 2 - SOCIAL WORKER'S EXPERIENCES IN WORKING WITH ADOLESCENTS ABUSING CHEMICAL SUBSTANCES**

**Research objective 2:** The second research objective for the study was to explore and describe the social workers' experiences in rendering social welfare services to adolescents abusing chemical substances.

Experience means what social workers went through while working with adolescents abusing chemical substances and the knowledge acquired through rendering such services. Van den Bos (2007:354) explains that they are events felt, lived or undergone by an individual, as opposed to events that are imagined or thought about. This is where social workers shared their information according to how they perceived working with adolescents abusing chemical substances. This theme helped to get a complex understanding of what social workers experienced through their own views.

The following sub-themes were identified by the thematic analysis namely; magnitude of the substance dependency problem, social workers' work environment and social workers' emotional challenges.

### **Sub-Theme 2.1: Magnitude of substance dependency problem**

The following evidence about the magnitude of substance abuse within their social environment was given by the participants.

*"This substance abuse problem is already out of hand so if they don't do anything, it is going to cause more problems" (Participant 1).*

*"And again, we work with people from poor backgrounds, the fact that he came here means he cannot afford to go to private rehabilitation centres" (Participant 7).*

*"If you go to the community I work with (Moletlane complex) they are Nyaope boys every corner, and there are more substances there that we are not even aware of now, so it is a big challenge" (Participant 5).*

Based on the above quotations it is clear that substance abuse is a social problem that is getting out of hand, and affecting everyone in the community. Additionally, economic and social factors contribute to the challenges faced due to substance use in communities. This is confirmed by Oloare (2010:235), where substance abuse and chemical dependency among young people is viewed as a social problem and continues to be one of the most significant

medical, social and economic problems facing mankind. In South Africa, this problem was highlighted by former president Nelson Mandela in his opening address to parliament in 1994 as a problem among the social pathologies that needed attention (Ramlagan, Peitzer & Matseke, 2010:40).

Lebese et al (2014) further explains that substance abuse has become a worrisome phenomenon in most villages and urban areas of South Africa, because youth are dying morally, socially, psychologically and physically due to the substance. This aspect is also discussed by Geyers, Leroux and Hall, (2015:74), that increased risk for substance abuse among adolescents could result from adverse socio-economic challenges, poverty and family instability. Furthermore, adolescents abuse substances because of the individual, family and environmental factors (Mohasoa & Mokoeana, 2017:108).

Social workers view the easy accessibility of substances as well as the unemployment of youth in the community as one of the social factors contributing to the substance abuse problem amongst adolescents. This is confirmed by the following:

*“It is just difficult especially in this area (Moletlane) drugs are at every corner so they can access the substance at any time, and adolescents because they can easily influence each other so it becomes a big problem working with them, so it a serious problem that I don’t think we are equipped to win anytime soon” and “I didn’t know or understand the broad issue of addiction and substance, how easy one can get addicted to substance” (Participant 3).*

*“Unemployment rate in South Africa is very high, it is also a big contributing factor to substance use, so if there are job creation, and a lot of youth activities, we wouldn’t be dealing with such a drastic number of substance users, and relapses”. (Participant 2)*

Findings by Simango (2014:106) state that, adolescent’s drug abuse originates from the availability of drugs within their communities plus the high unemployment rate. However, Lushin and Anastas (2011:97) explain the easy accessibility to substances by youth within the societies that they reside in as a factor contributing to substance abuse. Ramlagan, et al (2010:44) concur that, poverty, unemployment, lack of recreational facilities, being surrounded by substance abusers, long shifts at work, high stress as a result of a combination of unemployment and family problems contribute to substance use.



Social workers revealed the issue of unemployment and poverty as one of the leading factors causing a high rate of substance use among adolescents. Social workers spoke about substance as a broad issue, affecting everyone. This increased accessibility does not only affect those who are from Rehab, but also those who are at high risk of using substances. It includes, for example, those who are unemployed and are idling the streets as well as those who are exposed to substances by family members, friends or close social networks. The youth are the most vulnerable group to substance use, because there is easy access to substances in every community. There are limited resources to tackle the issue, making it a challenge to eradicate the substance use.

### **Sub-Theme 2.2: Social workers work environment**

The work environment is where the social workers are rendering social services to substance abusive adolescents. One social worker reported that sometimes working with substance abusing adolescents can pose a danger to their safety and well-being. The following testify to this:

*“We work under a lot of danger, this people are not mentally well so we need more security, and we need danger allowance, we need support from Department of Social Development” (Participant 6).*

*“Substance induced psychosis patients are unpredictable, for example when we are busy in the support group, you may say something only to find out that you are offending one member, or he interprets what you saying in a different manner, and you become his target or he singles you out. And another thing when a person has to be discharged, patient think that for them to be discharged or not be discharged is because of the social worker. Therefore, he blames you for not going home, only to find out that there are some issues that needs to be ironed out before he can go back, so I really feel that we are not safe at all” (Participant 6).*

Clients diagnosed with psychosis due to substance dependency can be referred to a mental institution hospital. This is a challenge to social workers at mental institution hospitals. They feel they are not safe because substance induced psychosis patient are unpredictable. Social workers function in a variety of settings. These range from public health practice, medical and

social service settings to helping people recognise early indicators of alcohol and drug problems. Social workers encourage these people to adopt healthier habits and instruct them on how to do so (DiNitto and Mcneere, 2007:170; Hepworth et al, 2013:5). Substance abuse counsellors in mental health institutions and substance treatment centres may encounter some clients with significant mental illness or severe substance use disorders to be threatening or unsettling. This discomfort by counsellors may be due to a lack of experience, training or mentoring (Sack, Riles & Ziodenis, 2010:103). Evidence from the quote shows that social workers from mental institutions encounter substance induced psychosis clients. They may feel endangered and rarely have enough training and knowledge to equip them to intervene in such settings.

### **Sub-Theme 2.3: Social workers emotional challenge**

Most of the participant's initial emotional feelings and experiences when rendering services to adolescents abusing chemical substances were of frustration. Coupled with this were feelings of helplessness, anger and confusion as how to render social welfare services to adolescents abusing chemical substances. This was due to the lack of support from the department, which left them feeling like they had to make all the effort to assist adolescents with substance abuse on their own.

The following statements are evidence of how they experience their day to day jobs.

*"It feels very sad and helpless, especially when the client really needs to go and get help, and after you done assessing the client goes back to the substance while still waiting for them" (Participant 1).*

*"So as a person, who is passionate on this field, I feel like am pushing alone and of which I can't without the Department's support." Like I said, the department is interested in stats, so the treatment part of it they don't care" (Participant 1).*

Therefore, social workers feel insecure when they encounter substance abuse issues and they also feel a sense of institutional resignation in their efforts to facilitate substance user change (Selseng, 2016:8). Health and social care providers' attitudes to substance misuse have a direct effect on the care they provide, Evidence indicates that professionals who hold negative

attitudes towards substance misuse often fail to initiate or refer patients to appropriate treatment (Richmond & Foster, 2003: 394).

The social workers' task is an emotional challenge that is not supported by their employer. The magnitude of the substance abuse problem and the absence of support by the employer therefore have a negative impact on their work engagement and productivity. Without proper supervision, the possibility exists that they can manufacture statistics just to keep the employer happy. They may possibly give up and become employees that do the minimum and just draw a salary.

Contrary to what was previously said, social workers however feel a sense of excitement and achievement when they are actually able to help a client into sobriety; also that one needs to be more passionate about their work in order to execute it in a more effective way. This quotation below confirms it:

*“Well my experience was enriching, the whole process of taking a patient to Rehabilitation Centre, and see the client progressing and staying clean from substance abuse, it was exciting for me, let's just say I have a huge passion for substance abuse” (Participant 1).*

*“I enjoy working with them, and in order to learn substance you need to start working with substance abusers, and you discover a lot of things”. (participant 2)*

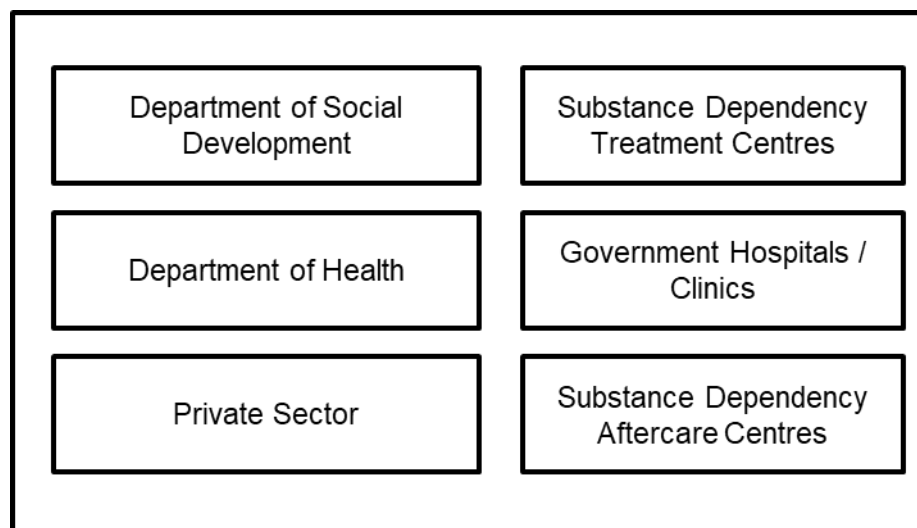
According to Hepworth et al (2013:5), social workers variously describe their work as rewarding, frustrating, satisfying, discouraging and stressful. Therefore individually there are some who find their work rewarding and feel that in order to learn and be effective in your work, one needs to do the work.

### **THEME 3: INSTITUTIONS THAT PLAY A ROLE IN SUBSTANCE DEPENDENCY ASSISTANCE FOR ADOLESCENTS**

The executive branch of the South African government consists of the President, Deputy President and Ministers appointed by the President to head up and be responsible for the

effective functioning of different national government departments. Institutions that play a role in substance dependency assistance are reflected in Figure 3.1 below.

**Figure 3.1:** Institutions that play a role in substance dependency assistance for adolescents



Different role players, including institutions and professional employees, the social worker, the community and families play a role at different stages in assisting adolescent substance abusers. According to Olaore (2010:19), substance abuse among young people is a social and public health concern which has drawn attention from multidisciplinary institutions to collaborate. These encompass the Department of Health, Department of Social Development, Department of education, Department of Recreation. The National Association of Social Workers (2013:2) states that substance abuse requires a multidisciplinary work setting, where public health professionals, government agencies and advocacy communities work in collaboration to improve and reform policies which results in positive outcomes. The following sub-themes were identified through thematic analysis namely, substance dependency treatment centres, Department of Health and Private sector challenges.

### **Sub-theme 3.1: Substance Dependency Treatment Centres**

The unavailability of rehabilitation close by creates a challenge for social workers when they need to refer adolescents abusing chemical substances.

This information is confirmed by the following participant's statements:

*“Mostly I used the one in Cullinan, and there is another one in White river, which I formed a good working relationship with” (Participant 1).*

*“Mostly I used the one in Cullinan, and there is another one in White river, which I formed a good working relationship with, so I would call them and send them a client’s report and wait for their response and our client stays there for approximately six weeks” (Participant 3).*

*“In Limpopo there is one at Seshego, but it is not operational yet” (Participant 1).*

Many treatment options exist for those suffering from substance use, but access and availability are largely constrained by economic and environmental factors (Clark et al. 2014:453). In support of this view, participants in this study revealed that the treatment centres they work with are far out of reach of their clients, and not within their work area. The production and abuse of addictive stimulants has also increased dramatically in South Africa in the last decade and in particular there has been an increase in demand for treatment services for first time admissions in recent years (Kalula and Nyabadza, 2012:34). The author further explains that, many treatment centres are rigid in the use of their programmes and depend on after-care to improve recovery.

Taking into consideration the challenge of the availability of rehabilitation centres, it seems that there is some effort to build more of these. There is however, very slow progress. From the evidence it seems that not all social workers have knowledge about the availability of rehabilitation facilities.

### **Sub-theme 3.2: Department of Health**

Some of the social workers, as employees of the Department of Social Development, work for some reason on the properties of the Department of Health that post challenges in the form of employer confusion. From the below information it is evident that those social workers deployed to the Department of Health experience role conflict. They have no clear reporting structures or support systems to provide them with the resources needed for the task at hand. The following data were collected:

*“You see I work at a hospital setting under health, but I am a social worker from Social Development. Health provides me with all the resources I am using now, even this office is from health, and social development only pays my salary and that’s it. When it comes to reporting I report to both the department, so that is also a confusion, and when it comes to who I should complain to when I encounter a challenge, it is still a big issue, because health is not responsible for me even though I work under it” (Participant 6).*

*“You have no idea, you come to work and you don’t even know who you work under at the end of the day. But as for Department of Social Development, they are not assisting me with anything when it comes to me doing my job effectively and sometimes when you try to book a car to do home visit. The Department of health considers their stuff first, so we are not their priority” (Participant 6).*

*“Well we need a government vehicle here at the clinic, the only way we get transportation to do home visit is if we ask from the hospital, and which is not ideal and they are doing us a favor. There is only one car that is used within four offices, so it is always booked so in order for you to make home visit you have to wait for almost a month sometimes. And we need telephones, I can’t use my phone to call the client all the time, but thanks to the Department of health, the clinic provided us with a phone, and this is the clinics office by the way, and of which they threaten to chase us, especially if they are running out of space” (Participant 7).*

The researcher is of the view that the Department of Health (DoH) is responsible for the National Health Policy and administration of public health. Health encapsulates the physical, mental and social wellbeing of the South African population. The Department of Health also plays a vital role in confronting substance abuse and related issues. According to the Department of Social Development (2016e:3), the department of health provides specific services with regard to substance misuse. These include medical emergencies, medical complications, detoxification and dual diagnosis (psychiatric disorders and substance use disorder). The author further states that the Department of Health does not provide rehabilitation services for substance misuse, this is the mandate of the Department of Social Development (Department of Social Development, 2016e:3).

Furthermore, the Department of Health (2011-2013:10) confirms it is tasked with the provision of specific services with regard to responding to substance abuse related problems. This

includes regulating precursors, chemical regulating medicines and substances with the potential for abuse. The Department is also responsible for managing medical emergencies, medical complications, detoxification and co-morbidities including other mental disorders and infectious diseases (Department of Health, 2011-2013:10).

### **Sub-theme 3.3 Private sector**

For those who have medical aid assistance, social welfare services for substance abuse are available in the private sector, this is confirmed by the following:

*“There is local private Rehabilitation in Polokwane, especially for these clients who have medical aid” (Participant 1).*

*“ No I don’t even call them, I just help the client by giving them the information then they go on their own, since they are private institutions” (Participant 1).*

*“The treatment centres that I know around Limpopo, are private institutions in Polokwane” (Participant 2).*

The South African government and the private sector own a number of Substance Dependency Treatment Centers and Substance Dependency Treatment Aftercare Centres situated all over South Africa. For example, the South African Council on Alcoholism and Drug Dependence Limpopo Drug and Alcohol Centre renders services to Substance Abusers as Out-Patients, their families and the Community at large for the Limpopo province. This is confirmed by the following report, that since 1994, there has been a dramatic increase in the establishment of private treatment services for substance abuse dependency both licenced and unlicensed (Ramlagan, et al, 2010:40).

From the evidence above, it seems that those with a medical aid are excluded from the social services which the Department of Social development offers. Private treatment centres and government institutions for substance abuse treatment must work in collaboration, offering different levels of care for persons with substance abusers. However, this is not the case and social workers are not involving themselves in helping those who want to enter private treatment centres. This relationship is confirmed by the Department of Social Development

(2016b:16-18). Private treatment centres for substance dependence should register with the substance abuse bill. They must apply to the director general for registration. The director will after consideration, grant application for registration and will issue a registration certificate. Furthermore, private sector providers have to comply at all times with the regulatory frameworks, norms and standards guiding the profession of service they are authorised to deliver (Department of Social Development, 2013d:19).

### **Sub-theme 3.4 Multidisciplinary team in substance abuse**

Professional Role-players are employees of these institutions that are rendering specialised services to adolescents abusing substances. As social welfare service professionals, the department is in partnership with other government departments, organised labour, the private sector and communities to ensure the social needs of communities are attend to. For example, they provide social help to those individuals seeking assistance for substance abuse and social support for the affected family of the individual. To ensure the effectiveness of the rehabilitation process, a team of skilled professionals are needed to execute a specific specialist function during different stages of the rehabilitation process.

**Figure 3.2:** Professional Role-players from Institutions that play a role in the Substance Dependency Rehabilitation Processes

#### **Professional role-players that play a role in the Substance Dependency Rehabilitation process**

- General/Health social worker
- Social supervisors
- Medical directors
- Area social workers
- Professional nurses
- Occupational therapists
- Psychiatrics



As reflected in Figure 3.2 above, the professional role-players referred to are Generic or Health Social Workers, Social Supervisors, Medical Doctors, Area Social Workers, Professional Nurses, Occupational Therapists and Psychiatrists. The importance of the roles performed by these professionals is perceived as follows by the Social Worker participants:

*“Substance abuse cases needs a multidisciplinary team, you cannot work with substance alone, even a doctor needs a social worker to prepare and screen the client, so everyone plays a crucial part to a substance abuse client” (Participant 1).*

*“Before referring the client to Rehabilitation centre, there is a form that a doctor needs to fill out so as a social worker I have to refer the client to a doctor after I am done with my assessment too” (Participant 2).*

*“Substance abuse need multidisciplinary team, as some of the conditions needs medical attentions, so in a rehabilitation, they receive all the services, from a doctor, nurses, psychologist, social workers, and other professions that will provide effective intervention to ensure that the client leaves the substances” (Participant 4).*

The following participant is a social worker within a hospital environment:

*“An area social worker, who is usually the first people to screen and assess the client and then refer them here, but please understand this, we don’t work with all the substance abusers, only the ones who are diagnosed with Substance induced Psychosis. We do individual counseling, so we can find out their individual needs and expectations of the group, and while we work with them through counseling and group work. There are doctors and nurses here who give them medical attention, as I already said, they have been diagnosed, so they also take medications” (Participant 6).*

*“Well the last time I attended a workshop I think it was last year November, and it was on substance induced psychosis, they were teaching us about their behavior, how to work with them and what how should conduct the support groups” (Participant 6).*

In the field of addiction treatment, there is a recognition that addictive behaviours may be linked and that treatment for substance abuse and other addictive behaviours may overlap. This therefore requires a team of professionals to work together to ensure that a patient deals with all the aspects surrounding the substance abuse (National Association of Social Workers, 2013:14). Social workers acknowledge that in order to assist the adolescents, they have to work in a multidisciplinary team with other relevant professions to achieve effective interventions. Substance abuse cases need a multi-disciplinary team with specialised skills. The Department of Social Development (2013c:106) concurs with the above and recommends that to reduce substance abuse amongst the youth, there is a need to adopt a multi-stakeholders approach which will include Government, the Private Sector, Communities and Civil Society Organisations.

Addiction is still treated almost universally as an acute condition. This means that the care system is organised around an episodic relationship in which a person receives an assessment, is treated and pursued until cured, all in a relatively short period of time (White and Kelly (2011:67). According to Kaminer (2001:147), to achieve effective intervention for adolescents with substance use disorder, we need to continue examining treatment processes, the predictors of treatment, and after care outcomes. The process of rendering social welfare services to adolescents is discussed in detail below.

#### **THEME 4: PROCESS OF RENDERING SOCIAL SERVICES ON SUBSTANCE ABUSE**

In the previous section, the different stakeholders, departments and multidisciplinary teams involved in rendering social welfare services to adolescents abusing chemical substances were presented. In this section the process of rendering social welfare services on substance abuse from the social workers point of view will be presented. Overlaps between these themes and the previous themes will occur. In this section the findings of the interviews regarding the challenges social workers face during the process of rendering social services to substance abusers are presented in Figure 3.3 below.

**Figure 3.3:** Process of rendering social welfare service to substance abuse from Social Worker's perspective

- First contact with the social worker by adolescents with substance dependency
- Assessment of client
- Screening process using the assessment tool
- Referral process
- Preparation for rehabilitation
- The detoxification process
- Preparation for the client and the family for re-integration
- After-care program

From the interviews it seems that the process of rendering social services on substance abuse that social workers followed is not well documented and is haphazard, which in itself is a challenge. Each listed element of the process of rendering social welfare services, as reflected in Figure 3.3 above, will be presented in the next section.

#### **Sub-theme 4.1: First contact with the social worker by adolescents with substance dependency**

The following statements highlighted how the adolescent substance abusers get into contact with the social worker:

*“Most of my teenage clients where brought by their parent, but they were voluntary client and involuntary client” (Participant 1).*

*“So those are the kind of cases you work with when you are dealing with substance abuse, they will come here saying the need help, and they don’t play their part and which makes it difficult for us, like now when a substance abuse adolescents comes*

*here with a parent, I just know that he is not willing to cooperate and I will have to work miracles in order to help him” (Participant 4).*

*“You know as social workers we must help everyone who comes here and ask for help, but how do you help someone who doesn’t need the help? So adolescents abusing substances are very difficult cases, even if you refer him to rehab, he is going to come back and go to substances again, you know I think rehabilitation and the services we give them can only go so far, but their edge to leave the substance is the one vital resource that is needed in order for them to get the help they need and actually leave the substance” (Participant 4).*

Social workers are often the first professionals to identify and diagnose a substance abuse problem. From the evidence above, it is clear that the two types of clients seeking assistance are voluntary or involuntary. According to Nordhiem, Walderhaug, Stadiums and Kern-Godal, (2016:2), best treatment results are obtained by patients who complete the treatment and who perceive their addictions as serious; patients with confidence that they would attain the treatment demands. Selseng (2016:13) supports the above, that counsellors are only relevant when the client is ready and able, and strategies for change are regarded as having no purpose before the readiness is realised. To condense the literature, a person who submits themselves voluntarily to a public or private treatment centre for treatment and rehabilitation services is entitled to appropriate treatment, rehabilitation and skills development services.

Contrary to this, involuntary clients are forced into involvement with social workers or other professionals, but they do not want to be there. Involuntary clients may either be mandated or non-mandated (Kirst-Ashman & Hull, 2012:81). It is therefore evident that involuntary clients pose challenges because they don’t want help but are forced by a third party. It is a waste of scarce resources such as time and effort by the social worker to try and assist the involuntary clients, as they will return to substance abuse. To concur with the above statement, Mulsener (2011:369) states that social workers working with these adolescents often have to deal with unwilling service users, who are referred against their will and may be reluctant to undergo the treatment. However, the Human Sciences Research Council (HRSC) (2015:5) sheds a different light on the matter, revealing that adolescents with drug problems are viewed as less worthy and less deserving by service providers than those with other physical or mental health support needs. The research further states that, social work practice should include non-judgmental attitudes, empathy and advocacy (Human Science Research Council, 2015:5).

The twelve core functions of the addiction treatment that social workers use are: screening, intake, orientation, assessment, treatment planning, and counseling, case management, crisis intervention, client education, referral, report and record keeping, and consultation with other professionals (Lowinson & Ruiz, 2011:442). A few of the above-mentioned functions are discussed below.

#### **Sub-Theme 4.2: Assessment of the client**

The first step in the process is to get an understanding of the social problem the client experiences. If the problem is not correctly identified, it may pose a challenge to available resources. If the problem is identified, a more in-depth screening process follows.

The following statements highlight this process:

*“First we fill in an intake form for assessment, and we screen a client to make sure he is at the right place, he would explain that he needs help, and we also explain the kind of help we are going to offer, which at the end of the day is Rehabilitation” (Participant 1).*

*“We do assessment with the client, filling in an intake form and doing a plan of action with the client” (participant 4)*

*“An area social worker, who is usually the first people to screen and assess the client and then refer them here” (Participant 6)*

The initial social work task is identification of the problem. The first step in the process is to develop an understanding of the problems which adolescents abusing chemical substance experience. According to Sack, Ries and Ziodenis (2005:68), a basic assessment consists of gathering information that will provide evidence of mental substance use disorder diagnoses and assess the problem area.

According to Dinnito and Mcneere (2007:178-183), social workers help clients recognise early indicators of alcohol and drug problems before they develop into-full blown problems. It is further stressed by Brandell (2011:142), that social workers need to go beyond the scope of looking at individuals and relying on public policy, practice and research to gain information to

make an adequate assessment. They must look at the nature of the client's relationships between systems as transactional and reciprocal exchanges between entities or between elements.

While both assessment and screening are ways of gathering information about the client in order to better treat them, there is a difference between assessment and screening. According to Sack et al (2005:68), assessment is a process for identifying the nature of the problem and developing specific treatment recommendations for addressing the problem. Screening however is a process for evaluating the possible presence or a particular problem. In the next section screening will be discussed in detail.

#### **Sub-theme 4.3 Screening process using the assessment tool**

The purpose of the screening process is to correctly identify the nature of the problem and it serve as the basis for further actions. This process is explained with the following statements.

*“When we screen the client, we basically ask what kind of problem he has, which kind of substances is he using, and you go deep into the assessment, when did he start using substance, what motivated him to start using, when did he realise he is addicted, so we don’t have a set criteria, we just ask those questions and more questions will eventually come as we ask for clarity and when we ask follow up questions based on what he is saying, so that is when we use our social work skills like probing and etc. to get all the information from the client, so that is how we screen” (Participant 1).*

*“It can be in a form of questions, recently we attended a workshop on substances, where they provided us with an assessment tool that we use with people who abuses substance, so we measure by that tool, the amount of substance the person takes, so it can detect that” (Participant 3).*

*“The assessment tool has been designed by South African Council on Alcoholism and Drug Dependence, and they gave us a workshop on it, they have realised that they are a lot of substance users from adolescents to older people” (Participant 4).*

*“Yes, it is a tool we use to assess, and to prepare the client for Rehabilitation, since they sometimes deny the substance abuse, but after using the pamphlet, you can tell the client that according to the answer you gave me, you are addicted to substance or alcohol, the reason being the client would normally challenge you and say he is a not addicted and he can control it, he doesn’t need Rehabilitation, so they help in terms of that” (Participant 3).*

To correctly identify the abuse problem accurately presents a challenge requiring training and experience from the social worker’s side. It seems that an assessment tool is available from South African Council on Alcoholism and Drug Dependence that the social worker can use during this process. However, not all social workers interviewed have access to this tool. Convincing the client that they have a problem is a challenge in its own right. The screening process requires interviewing of the clients family, and it is a challenge to the social worker to access the family members, especially if they are far.

The literature consulted confirms that social workers need skills to identify the problem of substance abusers and refer them to treatment providers. Screening tools are generally short questionnaires administered by the social worker or completed by the client (Dinnito & Mcneere, 2007: 179). The author further explains that social workers assess the validity and reliability of screening diagnostic tools and select those appropriate for their clientele, based on age, gender, ethnicity and etc. (Dinnito & Mcneere, 2007: 179). Further, social workers often provide key assessment and referral services in an array of health and mental care settings (Smith et al., 2006).

To conclude, Sack et al (2005:66) provide an overview of screening as a process designed to identify those clients seeking substance abuse treatment who show signs of mental health problems that warrant further attention. The authors explain that screening is a formal process of testing to determine whether a client does or does not warrant further attention in regard to a particular disorder, and in this context, the possibility exists of a co-occurring substance use or mental disorder (Sack, et al, 2005:66). Therefore, with proper screening tools, social workers can identify substance abuse diagnoses and refer to proper treatment centres. The referral of adolescents abusing chemical substances is discussed below.

#### **Sub-Theme 4.4 Referral process**

The next step in the process is to find space for adolescents at a rehabilitation centre which itself is challenging.

*“We first screen the client, which involve finding out the problem, if it is within our scope or it needs to referral” (participant 4)*

*“Well I usually call them and tell them I have a substance abuse client and I want to refer them there, so they will fax me the necessary documents that needs to be filled” (Participant 7).*

*“The rehabilitation centers take roughly two weeks to respond, I send them the report and all the necessary documents and wait for them, and when they do respond, I call the client. It feels very sad and helpless, especially when the client really needs to go and get help, and after you done assessing the client goes back to the substance while still waiting for them” (Participant 3).*

*“Well, normally we send them home and wait for the Rehabilitation center to get back to us, which can take around two to three weeks, but still it is very frustrating for a client who is ready to go to Rehab” (Participant 5).*

Social workers are responsible for referring substance dependent persons to an appropriate treatment centre after a thorough assessment and screening. However, they encounter challenges with regard to shortages of space at rehabilitation centres. This forces them to wait for an opening at a rehabilitation centre, causing frustration for both the social worker and the client. According to National Association of Social Workers (2006), adolescents who are dependent on drugs and need assistance to stop abusing substances are referred by social workers to subsidised rehabilitation centres after obtaining consent from the adolescents and their parents.

In support of these findings, social workers need to press for policy changes that will increase treatment access and promote more rational and effective approaches to substance treatment (DiNitto & Mcneere, 2007:189). To add, Mohasoa (2018:60) stressed that rural areas lacked basic substance abuse treatment services, as well as the supplemental services necessary for



positive outcomes. This raises the notion of more substance abuse centres that persons with substance disorder can be referred to for more assistance.

#### **Sub-Theme 4.5 Preparations for rehabilitation**

Before adolescents are sent to rehabilitation, it is very important that they get prepared for the process.

*“Dealing with substance is a long journey, you don’t just wake up and say let’s go to Rehab. So firstly we work with his peers as he spend a lot of time with them trying to understand how he was influenced into substance use, we try to understand the environment he is from and how it impacts on him, that will also be preparing us for aftercare programme. So by preparing the family, it is just letting them know that we are taking him to a Rehabilitation centre and for how long, also exploring how they feel about Rehabilitation and what are they expecting to see when he comes back, and also we encourage them to give the client support” (Participant 2).*

*“Well we have sessions with the client, where you give him counselling, where we provide encouragement and information about rehabilitation. So he can be at ease knowing what to expect and also give the family the information about Rehabilitation, what to expect, how long he will be admitted depending on the severity of substance abuse intake” (Participant 2).*

*“We prepare them for rehabilitation because we don’t want to impose rehabilitation on a person, so he must know what kind of help he is going to receive. During the preparation phase, we also prepare the family, so during those sessions with him, the client will obviously be going back home and still be taking the substance. But we work with him trying to show him the danger and working on his preparedness to quit them altogether, so when we feel that the client is ready to go to rehab, that is when I send him to a hospital for detoxification” (Participant 7).*

Preparing a client for rehabilitation is a challenge, as the client needs to know what is expected. The client needs to be prepared as well as the family. Rehabilitation in a state owned facility is not a holiday, and it takes effort for the client to stay committed. Therefore adolescents abusing chemical substances need to be properly prepared. To get rid of the

anxiety behind the rehabilitation treatment centre, all the relevant information about the treatment should be given to them, and also the family members. This is so that they can have an idea of what is expected from them, what will be happening at the treatment centres, as well as information regarding how long they will be staying.

#### **Sub-theme 4.6: The detoxification process**

Before a client is accepted by a rehabilitation centre he or she needs to undergo a detoxification process:

*“We refer him to a doctor for detoxification process that normally last a week, where they flush out the substance. The doctor must write a report that includes the medication the doctor prescribed the client, the dosage of substance in the blood, which also helps the doctor know how long they should admit the client for Detoxification” (Participant 2).*

*“Yes, and that report includes the medication the doctor prescribed the client, the dosage of substance in the blood, which also helps the doctor know how long they should admit the client for Detoxification” (Participant 2).*

*“Usually the one in Lebowakgomo, that is the only one I am sure they offer detoxification process, where they usually admit them for a week or so to detox the drug out, and when he is discharged, I write a report and together with the doctors report, I send them to the Rehab, where they are going to give us a date when he should come as they are busy processing his information” (Participant 7).*

As was revealed, before treatment, it is important for the client to undergo a detoxification process, where substance abusing persons are referred to a hospital to detox the substance. Detoxification, also known as medically supervised withdrawal, uses medication to help people to withdraw from alcohol or drugs. It is important to know that detoxification is not a treatment but is the first step that can prepare a person for treatment (Department of Health and Human Science, 2008:7). According to Kaufman and Yoshioka (2005:66), people who have substance

use disorders will likely require a period of detoxification before they can begin intensive treatment. Such detoxification is not substance abuse treatment, but for many clients it is an essential precursor to treatment. The Department of Health provides detoxification services at Community health Centers as out-patient services (Department of Social Development, 2016e:3).

The detoxification process can pose major challenges for the social worker and the client. Space needs to be found at a hospital, and documentation needs to be completed. It is down to the social worker to ensure that the client reports to the hospital, which requires deployment of resources in the form of communication, transportation and documentation.

#### **Sub- theme 4.7: Preparation for the client and the family for re-integration**

It must be noted that not all social workers have access to the same resources. To ensure the success for the rehabilitation process, preparation needs to be made to ensure acceptance back into the community.

*“Well I call the Rehabilitation centre that I send my client and check if there is any change, and also to know when they might be discharged so I can make follow-ups” (Participant 5).*

*“Our role as the ground social workers is to prepare the family, for reunification services, that the patient will come back and when he comes back, we want this certain things to happen, that is my role as a social worker, and the social worker at rehabilitation centre her role is to keep me updated on the client’s progress and tell me the date the patient is coming back” (Participant 3).*

*“So I will let the family know when the client is coming, while I am busy preparing them, and tell them to be ready and counsel them on the matter of support, tell them the importance of supporting the patient when he comes back from rehab” (Participant 3).*

Preparation for the reintegration of the client is very important, as it is critical to the success of the rehabilitation. Adolescents must learn to avoid risky situations, increase the amount of time they spend engaging in health activities, and recognise and redirect thoughts, feelings and

plans that lead to drug use (Dinnito & Mcneere, 2007: 180). Department of Social Development (2013e:13-14) emphasises the successful aftercare and re-integration of service users into society, the workforce, the family and community life. It is also important that family members and significant others who are close to the client, receive information on mental disorder and substance abuse, as well as on how the disorders interact with each other (Sack, et al, 2005:143).

Based on the evidence above, it entails a lot of organising from the social worker to ensure the family is ready to accept the client back. Resources in the form of communication and transport are needed. Social workers follow up on the client's progress at the rehabilitation Centre, and also preparing for the client and the family's reintegration. This is challenging, as social workers require resources and facilities to execute such services. According to Kaufman and Yoshioka (2005:23) and Maluleka (2013:62), adolescents who are completing treatment need to be prepared for going back to the family and the community. Therefore, social workers are responsible for linking substance dependent persons with skills development to empower themselves to be self-reliant and be employable.

#### **Sub-theme 4.8: Aftercare programmes**

After attending rehabilitation the client needs to be accepted in aftercare programmes. This challenges all the role players within the process.

*“He comes back half rehabilitated, then when he comes back there is no proper after-care programmes put in place for him to attend, therefore he relapses” (Participant 5).*

*“Firstly, within adolescents there is a lot of peer pressure, and unfortunately some adolescents end up with mental illness from the substance, then they refer them here, and we rehabilitate and they go back to the environment without proper after-care programme awaiting them, and another thing family member are not supportive of this patients, they provoke them, they are stigmatised, which also deprives them to cope well” (Participant 6).*

*“When he comes back there is no proper aftercare programmes put in place for him to attend, therefore he relapses” (Participant 5).*

It is clear that in general there are no aftercare programmes to accommodate adolescents back from rehabilitation. This means that in no time, they are back with their old behaviours and the process starts from the beginning. The teenager becomes strangled in the same evil downward self-destruction spiral. Chassin (2008:165) further supports this notion by stating that the high relapse among youths successfully treated for substance use disorder also points to a greater need for after-care services and for managing these disorders, as chronic illness is characterised by relapse and remission. According to the researcher the adolescents are at risk, when they go back to the threatening environment without any programme to help them cope after rehabilitation treatment. Mohasoa (2010:111) suggests that after-care programmes need to be conducted in their communities so that family members and adolescents recovering from substance dependence may attend on a regular basis.

Many adolescents' residential programmes draw from a larger geographical area. It is therefore important for residential programmes to have effective referral alliances with the larger network of out-patient programmes that are both the sources of many referrals and the place to which most adolescent return after discharge (Godley, Godley, Funk & Passetti, 2006: 90).

## **THEME 5: CHALLENGES FACED BY SOCIAL WORKERS IN RENDERING THE SOCIAL WELFARE SERVICES TO ADOLESCENTS ABUSING CHEMICAL SUBSTANCE**

### **Research objective 3:**

The third research objective for the study was to explore and describe the social workers' challenges when rendering social welfare services to adolescents abusing chemical substances.

There are a lot of challenges that may transpire when rendering such social services. These can occur at any stage of the process of rendering social welfare services on substance abuse. The challenges faced by the social workers while providing such social welfare services to adolescents are presented next.

### **Sub-theme 5.1: Lack of commitment by the Department of Social Development**

Social workers view the Department of Social Development substance abuse intervention process in a very negative light, considering it as statistics driven:

*“I don’t know if they have a lot of work or what, but they do not put effort in this programmes or follow up on them, the only interest they have is stats, how many people u assisted, but they don’t care if they got the help, and the progress of helping those clients” (Participant 1).*

*So as a person, who is passionate on this field, I feel like am pushing alone and of which I can’t without the Department’s support.” Like I said, the department is interested in stats, so the treatment part of it they don’t care” (Participant 1).*

*“And another thing, the Department is not Supportive at all when it comes to substance abuse issues, we are struggling with resources, we have no idea what we are doing ourselves, so it is still a big challenge that we are not going to win yet” (Participant 5).*

From the evidence above, it is clear that the Department of Social Development is statistics driven. It is viewed by some of the participants as not providing the support and resources it is responsible to provide for social workers. The Department of Social Development in consultation with the relevant department and stakeholders is expected to take reasonable measures to combat substance abuse through the development and coordination of demand, supply and harm reduction (Department of Social Development, 2016e:3). However this has not been the case. As indicated from the quotation, social workers have no resources and are waiting for resources and support in timeframes of years.

One of the participants however indicated that the department tries its best to be of assistance:

*“Well we have support from the department, they provide us with transport. Telephone to call the clients and the family, and they also pay for the rehabilitation, even though they are some lacking, but they are trying” (Participant 4)*

### **Sub-theme 5.2: Lack of resources**

In order to render social welfare services to adolescents abusing chemical substances, the social workers need resources. The following statements highlight these challenges:

*“You see this office, and this chair this is all that I have, so with regard to the resources I I don’t have anything, and our Department is relaxed, they don’t have a problem, month end we go for reporting and we give them figures, and they are happy, so this is just our struggle as social workers and nothing is going to be done, and it is the reality we have to deal with” (Participant 7).*

*“There are so many frustrations within this Department I can take years talking about them, but anyway yes we are lacking resources and the Department is not doing anything about it, so effective results are a myth” (Participant 5).*

*“Well, we need more transportation from the Department, firstly we serve every client from anywhere as long as referred they are to us, so when we do assessments, we need the client’s background history, which we cannot take it from him only, we also need to go visit the family, and there were some cases that we had to travel as far as North West to trace the family, and again we have no support from our supervisors or the department, they are just looking for results” (Participant 6).*

From above statements, it is clear that resources in the form of space, transport and communications pose a serious challenge for social workers. This lack of resources will have an impact on service delivery. During the interviews, the participants affirmed that in order to render effective and efficient services, there should be continuous evaluation of resources. These must include facilities in which to work with adolescents abusing chemical substances, provision of training workshops, a framework that guides social workers on how to work with the adolescents, and the willingness of social workers to work with these service users.

According to Blau and Abramovitz (2010:9), social policy difficulties to effective social work practice include lack of resources, poor programmes design and conflicting objectives. The working conditions of most social workers in the welfare sector in South Africa are generally inadequate, they are frustrated with the overwhelming services demanded by the community in relation to their own relatively limited access to resources such as adequate stationary, office space and furniture, information technology, vehicles and institutions such as rehabilitation centers (Earle, 2007). This in turn produces negative professional attitudes from social

workers, due to lack of knowledge, frustrations and a sense of inadequacy in managing social problems posed by clients (Richmond & Foster, 2003:394).

### **Sub-theme 5.3: Social workers supervisory challenges**

From the evidence below it is clear that delegated supervision is a challenge. It appears that most of the time the social workers seem to fly solo. When help is needed, colleagues are approached to provide support and guidance.

The following was reported with regard to supervisory support:

*“Well regarding supervision, we don’t have any debriefing sessions especially for substances, but we have supervision that we attend once a month, where we also raise our concern and issues in all kind of cases, and I could say it is a little bit of a debriefing session” (Participant 3).*

*“We don’t have any debriefing programmes or anything whatsoever, maybe if you feel overwhelmed during a case; we normally consult each other as colleagues” (Participant 4).*

*“We share challenges we encounter with our clients, and we give each other suggestions and support and the supervisor facilitates the meeting, however I don’t think it is that helpful, because we are there for reporting and sometimes the time is so small, that we hardly share anymore” (Participant 3).*

The aim of supervision is to ensure that a quality service is provided to social workers through the provision of advice and guidance. The above quotations reflect that within the Department of Social Development Lepelle-Nkumpi Municipality, there is no supervision or debriefing sessions for substance abuse cases. Social workers are required to have supervision either on a weekly, daily or monthly basis, where they discuss their cases and their work activities as part of the learning process and improving on their skills. Hall et al (2000:151) mention that, social work as a profession historically has placed a strong emphasis on clinical supervision, especially early in the social worker’s career. However, nearly half of the social workers did not have substance abuse related clinic supervision available to them. The researcher is therefore



of the view that there could not be any claim of providing effective supervision at this stage within the Department of Social Development on substance abuse related matters for social workers.

Supervision in social work is the product of many processes in which the social worker and supervisor try to find answers; to address problems relating to professional development standard training and social services delivery, ethical behaviour and justice (Van Dyk & Harrison, 2008:21). Supervisors with specific skills and knowledge are therefore responsible to train social workers to put theory into practice (Tsui, 2005:57). This includes the three functions of social work supervision, namely the administrative, educational and support functions, and the supervisory relationship as a crucial role in the process of social work supervision (Du Plooy, 2011:103). Furthermore, social workers may supervise an employee who is not performing adequately at work (DiNitto & McNeere, 2007:172).

#### **Sub-theme 5.4 Availability of chemical substance abuse in communities**

From below, it is evident that these drugs are freely available in the communities and that the problem is still escalating. Adolescents are in direct daily contact with family and friends that in some way are involved in drug abuse. For these adolescents who are poorly schooled, it is a challenge to find a job. The result is that they get involved in drug related activities. The following findings reveal why adolescents get dependent on substance abuse:

*“It is just difficult especially in this area (Moletlane) drugs are at every corner so they can access the substance at any time, and adolescents because they can easily influence each other so it becomes a big problem working with them” (Participant 3).*

*“Yes, and it is a big challenge, especially now that they are a lot of adolescents abusing substances, if you go to the community I work with (Moletlane complex) they are Nyaope boys every corner, and there are more substances there that we are not even aware of now, but it is a big challenge, and with this lack of Rehabilitation centres, the problem will still escalate” (Participant 5).*

*“Okay, it’s very challenging, I am going to give you a case that I have once worked with, there was this guy who was a serious substance user, I think “ Nyaope” and it was a difficult case, he was a successful chef and somewhere along the way changed and he started using substances, he came here on his own looking for help, but when we started the process with him, I saw him at the shopping complex at the same spot, with the same people taking that substance” (Participant 4).*

These drugs are readily available in the surrounding communities and are affordable to adolescents. Social and economic factors are the main factors contributing to the use of drugs among male adolescents (Mohasoa & Mokoena, 2017:108). According to Lushin and Amastas, (2011:79) in order to help those addicted, social workers need to precisely evaluate their social functioning risks, and support mechanisms and the essentials of their social context. The ecological model takes a holistic view of the problem and demonstrates that factors driving drug abuse are interrelated, and intervention strategies or programmes for combating the scourge should be integrated (Burnhams, Meyers & Parry, 2009:40). To counter youth drug abuse, prevention programmes are needed that focus not only on adolescents and young people but also on the latter immediate families and the wider community (Department of Social Development, 2013c:37).

The lack of enforcement of legislation to control illicit substances exacerbates the problem. The community social environment consists of different elements that interact with each other in some way or another. The smallest element within the community is the individual that is linked to his or her direct family, father, mother and possible some siblings. Relatives of the individual may live in the same community or elsewhere, while other people within the community can be his friends, and some may be strangers to the individual. An individual is a person with personal needs for example food, security, love and belonging. Within this community there are people who satisfy this individual needs by providing services. Friends give a sense of belonging, churches for spiritual needs, spaza shops that sell food and shebeens to provide entertainment.

#### **Sub-theme 5.5: Challenges with accessing the rehabilitation centres for referrals**

To ensure that the client stays free of drugs, he or she needs to learn some coping and personal development skills at a rehabilitation centre, but this comes with its own challenges.

*“Okay we refer our patient to Rehabilitation centres that are very far, and after a long and stressful process of getting him to Rehabilitation, they only keep him for a small period of time, because other people are on waiting list and they need to accommodate everyone” (Participant 5).*

*“Sigh, that is a huge problem, that when I see all these youngsters getting themselves into substance use, I feel pity for them, rehabilitation centres are an issue in Limpopo as a whole, we have a lot of substance users loitering the streets, and even if you want to refer the client sometimes they will tell you that they don’t have accommodation for them, so in the meantime so you will have to wait a bit, that is one of the things that stresses the client, and the long process of getting a rehabilitation centre, that is why they get tired of waiting and terminate the process” (Participant 7).*

*“Well the challenges is that, they are a lot of substance users on the street and they cannot access Rehabilitation centre, so the substance abuse will always be a problem, and they are a lot of youth that needs help, but it is difficult for us to intervene (Participant 4).*

Participants identified challenges such as lack of services for the adolescents due to the fact that treatment centres are geographically inaccessible, and a lack of awareness exists about the availability and location of services has contributed to the underutilisation of services. The centres are far from the communities, and it is a stressful process to find space at the centre. Another challenge is keeping the clients committed while waiting, as they easily fall back to their old habits. With regard to the lack of accessibility and space of the Rehabilitation centre, Department of Social Development’s (2013d:15) minister’s response has been to establish, maintain and manage at least one treatment centre in each province. This has been provided with the concurrence of the ministers of finance, out of money’s appropriated by parliament for the purpose. According to the researcher however, this is not helping because social workers are still struggling to admit their clients into treatment centres due to challenges with regard to limited access.

A report from South African Medical Research Council (SAMRC) states that, from 2016, there has been an increase in the number of persons admitted for treatment across centres in South Africa (Dada, Burnhams, Erasmus, Parry & Bhana, 2017:01). It is further supported by Kalula

and Nyabadza (2012:43) that treatment services for substance abuse in South Africa have not yet kept pace with the increasing demand.

Due to space constraints, the rehabilitation Centre stay is not very successful, as they can only be kept there for a limited period of time. A high rate of premature treatment termination and relapse, both during and after completion of treatment exists among adolescents with substance abuse disorders (Kaminer, 2001:147). This therefore indicates a pressing need to improve short and long term treatment outcomes. According to Burnhams et al. (2009:40), various concerns have been raised about the quality and effectiveness of prevention services in South Africa. If these prevention programmes were effective, drug abuse would have decreased which apparently is not the case. Therefore, the quality and effectiveness of substance abuse treatment can help to counter these negative perceptions (Myers et. al, 2016:308).

## **THEME 6: SUGGESTIONS FOR SERVICE DELIVERY IN SUBSTANCE ABUSE**

During the interviews, participants made suggestions regarding the ways in which social welfare services rendered to adolescents abusing chemical substances could be improved. The recommendations ranged from availability of resources, training for social workers, awareness campaigns, after-care services and involvement by Department of Social Development.

Figure 3.4 Suggested subthemes which emerged from the study.

- Availability of resources
- Training for social workers working with substance abuse clientele
- Awareness campaigns
- After-care services

- Involvement by Department of Social Development.

### **Sub-theme 6.1: Availability of resources**

Social workers should be empowered resourcefully to execute social welfare services to substance users. However this has not been the case, as social workers lack transportation, space, telephones and others to execute social welfare services. To counter this lack of resources, the following was suggested by the participants:

*“The most important thing, space, you see this office is the only space am allowed to use in this clinic, so I can’t run a group here” (Participant 1).*

*“Accommodation firstly, secondly transportation, then in terms of communication, we need telephones to call our client, I still put more emphasis on after-care treatment centres” (Participant 1).*

*“Well we need a government vehicle here at the clinic, the only way we get transportation to do home visit is if we ask from the hospital and which is not ideal and they are doing us a favor, there is only one car that is used within four offices, so it is always booked so in order for you to make home visit you have to wait for almost a month sometimes, and again we need telephones, I can’t use my phone to call the client all the time, but thanks to the Department of health, the clinic provided us with a phone, and this is the clinics office by the way, and of which they threaten to chase us, especially if they are running out of space” (Participant 7).*

The scarce resources should be allocated, most effectively new policies must increase the availability of high-quality, evidence based treatment targeted to adolescents abusing substances (Chassin, 2008:177). Kaufman and Yoshioka (2005:155) add that resources need to be provided to monitor and ensure that high-quality referrals, outreach and partnership components are in place within the agency and community. Practitioners require adequate, appropriate infrastructures and equipment to perform their identified tasks in respect of social welfare services delivery (Department of Social Development, 2013e: 10).

## **Sub-theme 6.2: Training for social workers working with substance abuse clientele**

The participants specifically requested more training and workshops relating to substance abuse cases. This is confirmed by the following quotations:

*“I would suggest more workshops and training on substance abuse, and they must build after-care services in every area and maybe even more where substance is a problem, and again the Department must come up with recreational programmes to keep this youth busy and they will stop loitering at complex learning to use substances” (Participant 5).*

*“We need to be capacitated more on substances, since there is always a new drug on the market so we need to up-to-date with all this information and knowledge on substances” (Participant 6).*

*“There are a lot of substance abuse cases, and again as social workers rendering these services we are doing it blindfolded, just touching bases, we need to have a clear guideline that we know that when a substance abuse client comes in the office, this is exactly what we ask and for the purpose of these and this is exactly what we need to do after, and again we need more training and workshops on substances” (Participant 4).*

The evidence suggests that social workers need more training with regard to substance abuse cases in order for them to confidently execute their work effectively. To meet the needs of clients, substance abuse disorders, social workers must remain current regarding the frequent changes in legislation, regulations, and third-party prayer requirements. This further states that social workers must also have the knowledge and ability to work with clients to develop effective treatment plans using existing and emerging resources, including evidence-informed practices (NASW, 2015:65).

There is a need to provide continuous training and development on substance abuse prevention to the adolescents, educators, health workers, parents, social workers, law enforcers, NGOs, religious leaders, traditional leaders, traditional healers, tavern owners, ward councillors, business people, and other stakeholders implementing substance abuse prevention programs among adolescents (Mohasoa, 2017:13). Social workers need to have a strong foundation of understanding of drug and alcohol use, and implications in order to serve their clients effectively.

### **Sub-theme 6.3: Awareness campaigns**

Adolescents need to be educated about the danger of substances by visiting schools with proper visual equipment; this is supported by the following storylines:

*“I think also reaching a younger population through campaigns, by going to Primary schools and educating them about the danger of substances, even though you won’t reach everyone but one or two children will hear and understand what you are trying to say” (Participant 3).*

*“And another thing, we need projectors when we do this presentation, where you put in pictures because when there are visuals people get interested, and listen to what you say, so if we have projectors then it will be better” (Participant 3).*

*“If we have campaigns on substance, they provide us pamphlets on substance use to give to the community members, and they come to address the community too” (participant 4).*

There is a need for education programmes that speak to adolescents with regards to the issues of chemical abuse. Most primary drug prevention programmes aim at avoiding or postponing consumption of drugs or addiction, with the school as the traditional setting (Van Der Westhuizen, 2010:18). Prevention strategies focus on anticipating and preventing future negative consequences of substance abuse from occurring (Khoza, Dube & Nkomo, 2017: 74). In 2003, the Department of Social Development launched the campaign “KE MOJA”, I am fine without drugs” and the Poppets programme in line with the *National Drug Master Plan*. In line with the National Drug Master Plan, “Ke moja I’m fine without drugs” the main focus is on the primary prevention. “It attempts to curb the supply and prevent the new use of illicit drugs (Chames, Norushe & Wessels, 2009: iv).

In 2010, the Department of Social Development launched an Anti-substance abuse campaign popularised through the name ‘No place for drugs in my community’. The campaign focused on raising awareness and promoting rehabilitation amongst those affected. Recently, the government launched a national campaign, known as Operation Fiela/Reclaim. Operation Fiela-Reclaim is a multidisciplinary interdepartmental operation aimed at eliminating criminality

and general lawlessness in communities (Department of Social Development, 2009b). Mobilisation of communities to participate in the awareness campaigns as a form of intervention.

#### **Sub-theme 6.4: After care services**

Social workers who participated in the study referred to after-care services as an essential component in the treatment of adolescents, the following confirms it:

*“We need after-care services in our communities, you know it is funny because just last month, we were talking about this issue during supervision with our social work manager, we were telling him this challenges with regard to substance client” (Participant 7).*

*“Well I thought of outpatient centres, if we had outpatient centres in every community, as you see substance abuse is a lot, I even proposed to the social work manager and the doctors in our hospital, regarding outpatient programmes but none of them came back to me, so I felt like I was running a marathon alone” (Participant 1).*

*“Well we need outpatient centers, where client will go there and get substance abuse services specifically, we are generic social workers so we tackle a lot of different problems, so when a substance abuse client comes, I can’t attend him fully, so they has to be after-care centers and outpatient centers that focuses on them” (participant 1).*

The participants firstly suggested the building of more facilities in the form of after-care. This arose from the fact that adolescents having substance treatment need to be able to adjust back to their environment without relapse, therefore they need continuing care services for treating substance dependency. After-care is defined by the Department of Social Development (2013e) as ongoing professional support to service users after a formal treatment episode has ended. This enables them to maintain sobriety of abstinence.

The literature consulted suggested that aftercare for adolescents suffering from chemical addiction is essential to enhance self-reliance and proper functioning, and is viewed as the best predictor of successful recovery (Keegan and Moss, 2008:114). In order to treat



adolescents' chemical addiction effectively, relapsing should be viewed as part of the addiction process, and should be addressed throughout the treatment process (Van Der Westhuizen, 2010:18). If after-care is neglected, the addict does not complete the whole treatment process which will impact negatively on their ability to maintain sobriety (Van Der Westhuizen, 2010:18). Meyers (2005: 292) states that treatment of adolescent's chemical addiction should include preparation of treatment, treatment and also after-care services to ensure that addicted adolescents develop skills to maintain sobriety. Furthermore, Godley, et al (2006:85) focuses on skill building in pro-social recreation, communication and problem-solving skills and relapse prevention during after-care service.

### **Sub-theme 6.5: Involvement by Department of Social Development**

The researcher attempted to establish from the participants the Department of Social Development's responsibility for substance abuse intervention. The findings are that the Department of Social Development should take the lead in assisting social workers to provide effective social welfare services to adolescents abusing chemical substances.

*"The Department must come up with recreational programmes to keep this youth busy and they will stop loitering at complex learning to use substances" (Participant 5).*

*"We need support from Department of Social Development and with regard to resources we need more cars to do more services" (Participant 6).*

*"The Department should at least offer scholarship for social workers to do short term courses, on substance abuse, mental illness others, where we can go and register to specialise in those sections, gain more knowledge and proper skills on working with such cases" (Participant 1).*

The participants indicated that the Department of Social Development, in consultation with the relevant departments and stakeholders, is expected to take reasonable measures to combat substance abuse through the development and coordination of demand, supply and harm reduction ( Department of Social Development, 2016e:3).

The Department of Social Development's vision is to ensure a better life for those people in society that are poor, vulnerable or excluded for some reason. According to the Department of

Social Development (2013a:12), drug related matters remain the primary responsibility of the Department, where its aim is to provide national a drug master plan mandate to deal with substance addiction and drug related crimes. In South Africa, the social workers' roles in substance abuse are to render prevention, early intervention, statutory intervention, rehabilitation and reconstruction, and after-care service to substance abuse patients (Department of Social Development, 2013a:133).

The Department of Social Development, through the Central Drug Authority, has the responsibility of developing strategies and coordinating the efforts of government and the community to combat the scourge of substance abuse (Department of Social Development, 2016e:71). The National Drug Master Plan 2013-17(NDMP2) is a policy that was developed by the Department of Social Development to monitor and evaluate drug related services in South Africa. The main aim of the NDMP2 is to provide preventative services through different levels of interventions. These include: prevention, early intervention, statutory intervention, rehabilitation, reconstruction and after care services (Department of Social Development, 2013a:63). The National Drug Master Plan is characterised by gathering all community stakeholders affected by substance abuse, to work together in coming up with strategies and plans to alleviate substance abuse in communities (Department of Social Development, 2013a:346). The Department of Social Development recommends that the Department of Sports and Recreation should implement activities, which engage adolescents and keep them away from the use of substance (Mohasoa, 2018:64).

### **3.4 Conclusion**

This chapter focused on the research findings derived from semi-structured interviews conducted with seven participants who rendered social welfare services to adolescents abusing chemical substances, at the Department of Social Development within the Lepelle Nkumpi of Limpopo Province. The findings of the research were presented in two sections. Firstly, the participant's biographical and demographical data was presented. This was followed by a presentation of the results of the thematic analysis in the form of core themes and sub-themes and categories, compared and contracted with literature pertaining to the phenomenon under study.

The main findings of this study are that, social workers face a lot of challenges and are not well prepared to render social welfare services to adolescents abusing chemical substances. The

findings show that social workers render generic work and they do not specialise in substance abuse. Therefore, they lack the necessary skills, resources and support from the Department to carry out substance abuse interventions. This in turn hinders effective interventions of substance abuse social services to adolescents abusing chemical substance abuse.

In the next Chapter 4, the recommendations and conclusions that are based on the research findings will be presented

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## **CHAPTER 4: SUMMARY, CONCLUSION AND RECOMMENATIONS**

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### **4.1 Introduction**

The purpose of the study was to develop an in-depth understanding of the social workers' preparedness, work experiences and challenges when rendering social welfare services to adolescents abusing chemical substances. In this chapter the researcher presents a summary of chapters, summary of the research findings, and recommendations.

### **4.2 Summary of chapters**

#### **Chapter 1: General introduction and background of the study**

This chapter was mainly concerned with providing the reader with an overview of the research and a general background to the study. A number of questions and sub-questions were explored in an effort to understand social workers preparedness, experiences and challenges when rendering services to adolescents abusing chemical substances. Chemical substance abuse remains a major health and social problem worldwide, the gap between substance abusing service users' needs and the services provided by social workers negatively impacts the quality and effectiveness of substance abuse programmes for adolescents.

In order to understand social workers preparedness, experiences and challenges when rendering services to adolescents abusing chemical substances, a complex review of the topic was needed. Therefore, the researcher explored sources of information from previous research studies undertaken in the field extensively, they provided greater insights in appreciating the complexity of the research topic. This includes the substance abuse phenomenon as a whole, adolescent abusing this substance, taking into consideration the social factors that influence them to use substances, social workers' roles in the substance use and the programmes that are offered for adolescents abusing chemical substances.

Attention was also given to the Bio-ecological system theory as a theoretical framework that guided the study and facilitated an understanding of the person's relationship to others, the social environment and how this system is used by social workers to intervene both on personal and environmental levels of substance abuse.

The researcher wanted to answer the following research questions:

*“How prepared are social workers in rendering services to adolescents abusing chemical substances?”*

*“What are social workers’ experiences and challenges in rendering social welfare services to adolescents abusing chemical substances?”*

In order to answer these questions a research goal was formulated followed by research objectives to guide the investigation. The goal of the study was to “develop an in-depth understanding of the preparedness, experiences and challenges of social workers working with adolescents abusing chemical substances in the Lepelle-Nkumpi Municipality, of Limpopo”.

The main objectives for the study were:

- To explore and describe the social workers preparedness when rendering social welfare services to adolescents abusing chemical substances in the Lepelle-Nkumpi Municipality, of Limpopo.
- To explore and describe the social workers experiences when rendering social welfare services to adolescents abusing chemical substances in the Lepelle-Nkumpi Municipality, of Limpopo.
- To explore and describe the social workers challenges when rendering social welfare services to adolescents abusing substance in Lepelle-Nkumpi Municipality, of Limpopo.
- To conceptualise the social welfare services rendered for adolescents abusing chemical substance within the context of bio-ecological systems theory.

The rationale of the study was outlined and the research statement formulated as there is a lack of information determining social workers preparedness, experiences and challenges in rendering services to adolescents abusing chemical substances within the department of Social Development, in the Lepelle-Nkumpi Municipality of Limpopo.

The contribution of the research was briefly explained and the interview guide constructed to guide semi-structured interviews in the research.

## **Chapter 2: Application of the research methodology**

This chapter outlines the methodology applied in the study, how the qualitative research approach was chosen, based on the research objectives which pointed towards describing and exploring the social workers' preparedness, experience and challenges when rendering services to adolescents abusing chemical substances. The research designs guided by collective case study, the explorative, descriptive and contextual strategy of enquiry were explained.

To recruit participants for this research, the design used was a purposive sampling technique, this was because the target population of the study was known to the researcher and had qualities suitable to address the phenomenon under study. The researcher wrote a letter to the Department of Social Development, asking for permission to conduct the research in their premises. After receiving approval the researcher approached the social work manager at Lepelle-Nkumpi Municipality as a gate keeper, the social work manager gave the social worker access to the social workers and assisted in identifying potential participants. The seven social workers who participated in the study met the criteria of inclusion set by the research (see chapter 2, section (2.5.2.2)).

The researcher met with the participants at their offices. Prior to this, she explained the research purpose and read the informed consent with the participants. The methods that were used to collect data were one-on-one semi-structured interviews. During the interviews, the researcher applied skills such as, clarification, summary and attentive listening in order to obtain detailed information from the participants. Participants were reassured that the information collected, the interview transcripts, and audio recordings would be kept strictly confidential, and that codes/letters of the alphabet would be substituted for their names. She also informed the participants that their personal details would be kept in a private lockable cabinet at work, and would not be exposed to other people or the public. However, the research results and the research report would be submitted to the supervisor.

To ensure trustworthiness of the information gathered, the researcher was guided by Guba's model (in Krefting, 1991:214) which emphasises that in research the trustworthiness and rigor of the researcher is vital. In order to ensure trustworthiness of the study credibility, dependability, confirmability and transferability of the study was discussed. Data was analysed using eight steps thematic of data analysis by Tesch (in Creswell, 2009:186). The ethical

considerations which guided the researcher were discussed, followed by the discussion of the limitation of the study. However, the research results and the research report would be submitted to the supervisor.

### **Chapter 3: Research findings.**

#### **4.3 Summary and conclusions: research findings**

The summary and conclusion of the research chapters in the study was briefly discussed above. However there is a need to summarise the research findings, the themes, sub-themes and categories that emerged

The following core themes emerged from the findings:

Core-theme 1: social worker's preparedness in rendering services to adolescents abusing chemical substances

Core-theme 2: social worker's experiences in working with adolescents abusing chemical substances

Core-theme 3: institutions that plays a role in substance dependency assistance for adolescents

Core-theme 4: process of rendering social services on substance abuse

Core-theme 5: challenges faced by social workers in rendering the social welfare services to adolescents abusing chemical substances

Core-theme 6: suggestion for service delivery in substance abuse

The summary of the themes will now be discussed and conclusions drawn;

#### **Core-Theme 1: Social worker's preparedness in rendering services to adolescents abusing chemical**

The social workers highlighted the following, with regard to their job description and training competency with regard to substance abuse.

- From the interviews it was found that the job description of the social workers rendering the substance abuse social services was generic in nature, where they dealt with all the

social problems in the community, therefore they are not specially trained in substance abuse.

- Social workers are responsible for helping individuals, families and groups of people to cope with problems they are facing, to improve their lives, therefore they render generic social services to all the members of the community, substance abuse falls into one of the social problems that they render social services to.
- While some social workers attended little training on substance abuse, other social workers still depend solely on what they have acquired through their University training.
- Thus, social workers are not well equipped and trained to carry out substance abuse social welfare services to adolescents abusing substances. It can be concluded from the interviews that insufficient training and experience to manage social welfare services to adolescents abusing chemical substances pose a challenge to their effectiveness.

Participants were asked an opening question about their job description as social workers with regard to substance abuse. All the social workers explained their work focus as generic in nature, and not specialising in substance abuse. Two participants however mentioned that, they were substance abuse coordinators at the Municipality, until the programme was cancelled in 2015 due to disagreement with the department with regard to their position. During the interviews, most social workers mentioned that because their work is generic in nature, they are unable to give needed attention to substance abuse cases as they have other cases which are equally important. They further explained that substance abuse cases need a lot of attention and time, as helping a client is a long process, which they find themselves lacking.

Training of social workers with regard to substance abuse was explored with social workers, where they stressed their urgent need for training with regard to treating of substance abuse. They mentioned that their lack of confidence and interest in substance abuse is due to lack of training and needed knowledge. However some participants mentioned that they have attended some training or workshops on substance abuse during their work experience. Some social workers believe that they acquired the needed information and skills during the training,



while others feel that the training was insufficient and more needs to be done with regard to providing efficient training of substance abuse.

The researcher concluded that although social workers are generic workers, there is no doubt that social workers play a crucial role in substance abuse. Therefore social workers, need urgent intensive training and resources in order to execute their tasks effectively especially in the field of substance abuse.

## **Core-Theme 2: Social worker's experience in working with adolescents abusing chemical substances**

The magnitude of substance abuse and social workers experience is summarised below:

- It is clear from the findings that substance abuse is a social problem that is getting out of hand, and affecting everyone in the community.
- It is evident that poverty, unemployment, lack of recreational facilities, being surrounded by substance abusers are contributing factors to substance abuse.
- From the findings it can be deduced that youth are the most vulnerable group to substance use, especially considering the social factors such as peer pressure, belonging, self-identity issues, vulnerability, fitting into the environment and individual poor decision making, which they face.
- Social workers in the interviews mentioned that there is easy access to the substance in every community where there is limited resources to tackle the issue, making it a challenge to eradicate the substance use.
- Social workers cannot render social services effectively to adolescents abusing substances. This is due to the fact that, they do not receive support from the department to tackle the issue of substance abuse, which in turn causes a negative impact on their work engagement and productivity.

- Social workers feel frustrated, helpless and alone with regard to issues they encounter during the process of rendering services to adolescents abusing chemical substance. Therefore, without proper guidelines and support from the supervisor and the Department, it is possible that inadequate work can be produced, or they work for stats purposes.
- Social workers at mental health institutions (hospital) feel that they are not safe, as substance induced psychosis patients are not stable and are unpredictable.

During the interviews, social workers pointed out that substance abuse is a social problem that is affecting everyone in the community, and it is escalating. Some social workers spoke about the easy accessibility as the main issue that should be addressed. They also highlighted some contributing factors for adolescents to engage in substance use as environmental factors such as, family, peers, surroundings. There are also emotional factors such as identity issues affecting adolescents, belonging, vulnerability and etc.

Social workers also spoke about their experiences, where they discussed their frustration with regard to working with substance abuse clients. Some social workers spoke about how they are discouraged to work with substance abuse clients because it is a long process that they go through alone without the department's support relating to resources and knowledge. Also, clients have a high possibility of going back to the substance, so social workers feel that it is not achievable sometimes. One social worker who works at a substance induced psychosis institution, mentioned that she fears for her safety, as substance induced psychotics are unpredictable and unstable. However some social workers feel excited and enthusiastic when working with substance abuse clients and explained it as a learning and growth opportunity , where you learn more and grow through helping the clients.

Taking into consideration the magnitude of substance abuse, the researcher appreciates that social workers continue to work with adolescents despite finding it difficult to work with them.

So it can be concluded that social workers feel neglected by the department with regards to their efforts in tackling substance abuse cases, which makes them feel alone and frustrated with substance abuse cases.

### **Core-theme 3: Institutions that plays a role in substance dependency assistance for adolescents**

The following highlights institutions that play a role in treating substance abuse, as mentioned by participants:

- Substance abuse is a wide social problem that needs a holistic intervention from departments to work collectively in order to render effective services to substance users and to ensure their sobriety.
- During the interviews social workers mentioned how they interact with different institutions in an attempt to provide services to adolescents abusing chemical substances. These are: The Department of Health, Department of Social Development, the private sector, substance dependency treatment centres, hospitals and after-care centres.
- Social workers referred to rehabilitation centres as scarce facilities, and access to them is largely predicted by economic and environmental factors.
- From the evidence it seems that only a few social workers have knowledge about which treatment centres are available to use.
- The Department of Health also plays a role in substance abuse where they provide specific services with regard to substance abuse which are; medical emergencies, medical complications, detoxification and dual diagnoses.
- Social workers from the Department of Social Development who are deployed by the Department of Health experience role conflict and have no clear reporting structure.
- Substance abuse requires a multidisciplinary team, where all the team players have a role to execute in order to achieve the sobriety of substance users.
- One social worker mentioned that they are aware of private institutions for substance abuse, but they have no relationship or collaboration yet.

- Social workers employed by the Department of Social Development stress that they face a lot of challenges with regard to rendering social services to adolescents abusing substances. Firstly, the Department is stats driven, therefore it puts no effort in ensuring proper execution of services to adolescents abusing substances.

Participants reported that, critical to the success of rendering social welfare services to adolescents abusing chemical substances, a multidisciplinary team and different stake holders should work in collaboration to tackle this issue. Social workers also mentioned that every role player is important in playing their part in substance abuse interventions. The substance abuse treatment centre is where clients who have substance dependency are referred to in order to get assistance. Social workers raised their concerns with regard to the shortage of rehabilitation centres in the province and in South Africa as a whole. The Department of Health plays a role in providing certain services including detoxification for substance abuse. Social workers pointed out that it is important for all these stakeholders to work together as they go hand in hand and they are all important.

Social workers mentioned how they work with other professionals in substance abuse. For example, they pointed out that they only screen and assess clients, they refer them to doctors for detoxification, then they refer them to rehabilitation treatment where they work with psychiatrists, nurses, doctors, psychologists and social workers, where every profession plays a vital role for the sobriety of a patient.

The researcher concludes that collaboration is needed among the different sectors. The multi-disciplinary team forms a basis for the eradication of this scourge. The shortage of rehabilitation centres should be addressed in order to run effective social welfare services to adolescents abusing chemical substances.

#### **Core-theme 4: Process of rendering social welfare services on substance abuse**

Social workers highlight the following process of rendering social welfare services on substance abuse:

- During the interviews with social workers, the researcher learnt that the process helping people with substance abuse includes screening, assessment, and referral, preparation for rehabilitation, detoxification, preparation for client and family integration and after care-programmes.
- The role of social workers when rendering social services is to screen the client to understand the intensity of the substance and also get a background of the problem.
- The social workers start a referring process, where they send a client for detoxification in a Hospital for approximately two weeks and in the meantime send rehabilitation applications to available rehabilitation centres.
- The social worker also performs family counselling and preparation for rehabilitation. After sending the client to rehabilitation, the social workers prepare after-care programmes, where the client will attend to help them integrate back into the environment.
- During the helping phase, social workers mentioned that they work with voluntary and involuntary clients.
- With the current lack of resources that social workers have to work with including a lack of space and equipment's in the offices, they feel more reluctant to work with involuntary clients. This is because they pose challenges with regard to their lack of participation in the helping process and are also at high risk of dropping out of the programme. This is also a waste of scarce resources.
- Not only resources are lacking, but there is also a lack of information with regard to rehabilitation centres. Some social workers do not know the proper protocol or have never even used it to refer a client to rehabilitation centre.

When helping clients with substance abuse, there is a process that needs to be followed, which starts by screening the client for potential use, then assesses the client and family, where detailed information about the client and the substance is explored. Social workers mentioned that after assessment, depending on the severity of the substance, the client might be sent to a hospital for detoxification. Social workers are also responsible for

referring a client to rehabilitation, and after rehabilitation a client must attend an aftercare programme.

Social workers voiced their concerns, that despite their efforts to help adolescents abusing substances, some of these adolescents are involuntary clients who have no interest in getting the help, which is a challenge and a waste of resources. During the interviews some social workers mentioned that rehabilitation centres are scarce, and sometimes they have to travel to their clients, as far as Gauteng, which is time consuming and requires a lot of resources. They also stressed the issue of waiting for the rehabilitation centres to respond to their client which takes long. Some social workers mentioned that they are only aware of one treatment centre, while one social worker also mentioned they are not aware of any treatment centre. This means that social workers still lack knowledge and information regarding the available treatment centres.

The researcher is of the view that, social workers follow these helping processes in a haphazard way. During the interviews, every social worker explained their way of using the process of rendering services to adolescents abusing chemical substances, which is different and provides different results. Thus it could be concluded that social workers need clear guidelines on how to render services to adolescents abusing chemical substances.

### **Core- Theme 5: Challenges faced by social workers in rendering services to adolescents abusing chemical substance**

The following are a summary of challenges social workers mentioned:

- They don't have space
- They are generic social workers
- No support from social development and lack of supervision
- They don't have transport
- Lack of information with regard to rehabilitation centres

- No clear guideline for substance abuse social welfare services
- Lack of rehabilitation centres
- No after care programmes
- Lack of supervision

With regard to the Department of Social Development, social workers confessed to have a lack of resources to work effectively with substance abuse clients, leading them to become incompetent in their work. Within the Province, there is no rehabilitation centre, which means that they have to refer their client to other provinces, which is also a challenge due to the logistics involved, and the fact that they are working in poor communities which cannot afford travelling expenses

The environment that the person stays in influences them, it is evident that drugs are available in communities and the problem is escalating. It is also stated that working in a poor community where children are loitering on the streets with less opportunities for recreational programmes, schools and other resources makes it easy for them to opt for substances as a way of killing time.

With regard to substance abuse interventions, there has been little or no success rate from the social workers. This is because of the challenges that they encounter during service delivery to substance abusers, the lack of support from the department and insufficient resources and lack of training has been a great hindrance to the improvement of this social welfare service.

Social workers also stressed the lack of or absence of after-care programmes in the community for substance abusers to attend when they are back from rehabilitation centres.

This presents a challenge, because they come back from the treatment into the same threatening environment without any service that is going to help them integrate back into the environment. The consequences are that they return to the substance, which in turn makes them come back to their offices looking for help. Social workers feel that because of these drawbacks, they sometimes work with the same clients' over and over causing frustration.

The research provides valuable insight from a social worker's point of view because of the challenges they face daily when rendering a substance abuse social service. These participants in the research really care for their clients and in many cases used their own resources to achieve their objectives. The challenges they face are never ending, and it seems they fly most of the time solo with very little success. The process of rendering social welfare services to substance dependency clients' needs a serious revamp and resources should be allocated to ensure effective service delivery. The department needs to be more involved in assisting social workers to render these services effectively, also making treatment centres and after-care programmes available and accessible.

### **Core-theme 6: suggestion for service delivery in substance abuse**

The following suggestions were made by participants to address the challenges mentioned above:

- Availability of resources
- Training for social workers working with substance abuse clientele
- Awareness campaigns
- After care services
- Involvement by Department of Social Development

Social workers suggest that in order to improve social welfare services to adolescents abusing chemical substances, resources to execute these services should be efficient. Social workers mentioned resources in terms of office equipment, more office space, cell phones to communicate with their clients, stationery, transport and etc. In some offices, social workers have to share spaces, which is not ideal for clients, and becomes a challenge with regard to client's confidentiality. Sometimes they do not have transportation to make home-visits, or transport the client to the hospital for detoxification or take the client to treatment centres. They



also mentioned that they share one or two computers per office, which is a challenge when they have to type client's reports to the treatment centres.

The need for social workers in practice settings with necessary skills and knowledge to effectively work with adolescents abusing substances cannot be overstated. Social workers also made suggestions with regard to intensive training about substance abuse interventions, as they do not have sufficient skills needed to address this issue. The suggestions came in the form of short courses, continuous training and workshops on substance abuse treatment, so that social workers can specialise in this field.

Some social workers mentioned the importance of awareness campaigns and believe that they still contribute to making a difference on the intake of substance abusers in the community. Therefore, one social worker suggested that more visual equipment is needed to help them when they make presentations in communities, where members will relate to and observe the reality of the substance. He even further suggested that, people react more to what they can see visually rather than what they hear.

Participants highlighted the need for effective after-care programmes for adolescents abusing chemical substances as an urgent need. Adolescents go back to the substance after treatment if there is no after-care put in place to help them return back to the threatening environment. So, they suggested that in every community there should be after-care programmes that are accessible to the community members. During the interviews, some social workers pointed out that the department does not provide substance abuse services, but they are only stats driven, which makes social workers feel like they are flying solo.

Based on the suggestions made above, the researcher concluded that social workers in general are not equipped to render social welfare services to adolescents abusing chemical substances. Immediate training and resources are needed, and the department also needs to put more effort in assisting them to render services effectively.

The following section presents recommendations for social work practice and future research

#### **4.4 Recommendations for policy, social work practice and future research**

#### **4.4.1 Recommendations for policy**

- Based on the findings, there is a lack of resources to execute substance abuse programmes. Government should support policies and provide adequate resources for substance abuse intervention programmes
- Based on the findings, there is lack of accessibility and availability of treatment or rehabilitation centres. Government should increase the number of treatment or rehabilitation centres.
- Based on findings, after-care programmes are an imperative in order to maintain sobriety after rehabilitation treatment. Government should make provision for after care services
- Based on the findings, substance abuse requires multi-disciplinary focus and team work from different stakeholders. All government departments should collaborate in providing service delivery on substance abuse.
- The Department of Social Development should ensure that there is constant monitoring mechanisms of the rehabilitation centres.
- Based on the findings, there are different chemical substance abusers available in communities. Government should look at strategies that support the holistic implementation of substance abuse policies. Government should regulate easy access of chemical substances to curb availability of chemical substances in communities. For instance, government should develop strategies to stop drug-trafficking.
- Based on the findings, it is evident that social workers need comprehensive training in substance abuse. It is recommended that universities should expand their substance abuse curriculum.
- Time spent at the rehabilitation centres is minimum. The government should ensure that they increase the timeframe that one should take in a rehabilitation centre to ensure effective intervention.
- There is a need for financial resources to deal with the scourge.

#### **4.4.2 Recommendation for social work practice**

- Based on the findings that substance abuse is a social problem that is getting out of hand, the availability and easy access of the substance by adolescents, it is recommended that at each social centre, social workers are appointed who specialise in substance abuse social services. Monitoring and evaluation of programmes should be prioritised at provincial and national level.
- Due to lack of preparedness in rendering social services to adolescents abusing chemical substance, social workers should report to a delegated section within the Department of Social Development with a matrix reporting line to the social centre manager. This section should ensure that newly appointed social workers adhere to the job requirements and received training to render a substance abuse social welfare service to communities. This section should ensure there is effective supervision that can provide support when needed and that can ensure that the social workers have much needed resources.
- Based on the findings of lack of training of social workers in substance abuse, the involvement of social workers in providing social services to adolescents abusing substances points to the need for more comprehensive training. Social workers should have proper training on substance abuse, which will ensure that they acquire skills and competencies to work with adolescents abusing substances. It is clear that substance use is a continuously growing market, therefore social workers should also be continuously trained in order to keep up.
- Systematic barriers were observed. Responsibilities are split between the health, education and welfare services which lead to fragmentation of services. This calls for collaboration of different sectors. To strengthen the multi-disciplinary approach in practice, it is recommended that regular meetings, training, and workshops be held to educate social service professionals and keep them up to date with new information regarding substance abuse.
- Social workers are not aware what procedures to take in order to help adolescents abusing chemical substances. Therefore, they should be provided with prerequisite knowledge, functional aids and strategies on how to implement substance abuse intervention strategies, which are clear and accessible. This includes for example, assessment and planning, intervention and monitoring, as well as evaluation and termination of after-care services for adolescents abusing chemical substances.

- Based on the findings of unproductive treatment and after-care programmes for adolescents abusing chemical substances, treatment centres must adjust and expand their policies on service rendering to incorporate after-care services to adolescents abusing chemical substances as part of their menu of services.
- The social workers should receive specialised training in substance abuse while studying towards their degree or as part of the Continuing Personnel Development (CPD). Substance abuse should be treated as a field of specialisation.
- The South African Council on Alcoholism and Drug Dependence services are located in urban areas. The services should be spread to rural areas in order to enhance early intervention and prevention programmes.
- From the findings, the scourge of chemical substance is escalating daily. It is recommended that provision of early intervention and prevention programmes should be prioritised.

#### **4.4.3 Recommendations for future research**

- Research should be conducted about the challenges and experiences of other professions involved in rendering services to adolescents abusing chemical substances.
- The research was conducted at a Municipality in Limpopo; therefore more similar research should be conducted at other locations.
- The research should also be conducted where the preparedness, experience and challenges of social workers when rendering social welfare services is explored with other age groups, such as older people or adults.
- There is limited literature on substance abuse frameworks for substance abuse for social workers, therefore there is a need for more scientific enquiries on the matter.
- There is limited literature on rehabilitation centres, reintegration and after-care for substance abuse, therefore there is a need for more research on the matter.
- Research to evaluate implementation of the treatment centres in both public and NGO sectors.

## **4.5 Conclusion**

Chapter 4 presents an overview and summaries of chapters. The researcher summarised the research findings according to themes and sub-themes, conclusions and recommendations. Research findings were verified using literature control and other previously researched studies. The participants shared their real life experiences, challenges, and recommendations in offering social welfare services to adolescents abusing chemical substances. In addition, they also highlighted their experiences and challenges in this matter.

From the discussions, the recommendations relating to substance abuse frameworks, treatment centre improvements, after-care programmes, department involvement in substance abuse, and further research are deemed appropriate. The researcher is content that the findings of this research study will contribute to the understanding and improvement of the social welfare services to adolescents abusing chemical substances.

## REFERENCE LIST

Anfara, V.A. & Merts, N. T. (eds) 2014. *Theoretical frameworks in qualitative research*. 2<sup>nd</sup> ed. London: Sage.

Anfara, V.A. & Merts, N. T. (eds). 2006. *Theoretical frameworks in qualitative research*. London: Sage.

Ary, D. Jacobs, L.C. & Sorenson, C. 2010. *Introduction to research in education*. 8<sup>th</sup> ed. Belmont, CA: Wadsworth Cengage Learning.

Alvesson, M. & Sandberg, J. 2013. *Constructing research questions, doing interesting research*. London: Sage Publications.

Babbie, E. 2013. *The basics of social research*. 6<sup>th</sup> ed. London: Cengage Learning.

Babbie, E. 2007. *The practice of social research*, 11<sup>th</sup> edition. Belmont, CA: Wadsworth Thomson Learning.

Babbie, E. & Mouton, J. 2007. *The practice of social research*. Oxford University Press: Cape Town.

Babbie, E. & Mouton, L 2005. *The practice of social research*, 11<sup>th</sup> ed. United States of America: Thomson Wadsworth.

Banton, M. 2010. *What we know about race and ethnicity*. Oxford: New York.

Beck, A. T. Wright, F.D. & Newman, C. F. 2011. *Cognitive therapy of substance abuse*. New York: Guilford Press.

Berg, B.L. 2009. *Qualitative research methods for the social sciences*. 7<sup>th</sup> ed. Boston, MA: Pearson.

Blau, J. & Abramovitz, M. 2010. *The dynamics of social welfare policy*, 3<sup>rd</sup> ed. Oxford University Press: New York.

Boeije, H. 2010. *Analysis in qualitative research*. Thousand Oaks, London: Sage Publications.

Brandt, C. & Delport, C. S. L. 2007. Project skills development: A substance prevention programme for early adolescents. *The Social Work Practitioner-Researcher*, 19-(2).100-117.

Brandell, J.R. 2011. *Theory & practice in clinical social work*, 3<sup>rd</sup> ed. California: Sage Publication Inc.

Braynard, D.J. H., Hanekom, S. X. & Braynard. 2014. *Introduction to research*, 3<sup>rd</sup> ed. Van Schaik: Pretoria.

Brook, D.W. & Spitz, & H. I. 2002. *The group therapy of substance abuse*. Binghamton: Hapworth Medical Press.

Burnhams, N.H. Myers, B. & Parry, C.D.H. (2009). To what extent do youth-focused prevention programmes reflect evidence-based practices? Findings from an audit of alcohol and other

drug prevention programmes in Cape Town, South Africa. *African Journal of Alcohol and Drugs*, 8(1), 1-8.

Burns, N. & Grove, S.K. 2013. *The practice of nursing research: Appraisal; synthesis and generation of evidence*, 7<sup>th</sup> ed. Philadelphia, PA: Elsevier Saunders.

Bushfield, S. Y. & Deford, B. 2010. *End-of-life care and education: A family system approach*. New York, NY: Springer.

Clark, T.T. McGovern, P. Mgboekwere, D. Wooten, N. Owusu, H. & McGraw, K.A. 2013. Systematic review: the nature and extent of social work. Research on chemical substance abusers treatment intervention among African Americans. *Journal of Social Work*. 14 (5): 451-472).

Chames, C., Norushe, T. & Wessels, W. 2009. *Draft report for the evaluation of the 'KE MOJA, am fine without drugs' Programme*: Southern Hemisphere: Consultants.

Chassin, L. 2008. *Juvenile justice and substance use*. Vol 13. Arizona State University.

Cohen, L., Manion, L. & Morrison, K. 2007. *Research methods in education*, 6<sup>th</sup> ed. London: Routledge.

Collins English Dictionary (2013) - Collins English Dictionary 2013. 8th edition. Sv

*"Challenge and Experience"* Glasgow: HarperCollins.

Corbin, J. & Strauss, A. 2008. *Basics of qualitative research*. London: Sage.



Cree, V. E. 2013. *Becoming a social worker, Global narratives*, 2nd ed. London: Routledge.

Creswell, J. W. 2016. *30 essential skills for qualitative research*. London: SAGE.

Creswell, J.W. 2014. *Research design, qualitative, quantitative, and mixed methods approaches*, 4<sup>th</sup> ed. Los Angeles: Sage Publishers.

Creswell, J.W. 2009. *Research design: Qualitative, quantitative and mixed methods approaches*, 3<sup>rd</sup> ed. Los Angeles, CA: Sage.

Creswell, J. W. 2007. *Qualitative inquiry and research design: choosing among five approaches*, 2<sup>nd</sup> ed. Los Angeles, CA: Sage.

Dacey, J. Travers, J. & Fiore, L. 2009. *Human development across the lifespan*: McGraw-Hill Education.

Dada, S. Burnham's, N.N. Erasmus, J. Parry, C. & Bhana, A. 2017. *Sacendu South African community epidemiology network on drug use*. SAMRC: South Africa.

Da Rocha-Silva, L. Malaka, D. 2008. *The drug consumption and crime history of detainees at police stations in South Africa. Act criminology: southern African journal of criminology*. 21(1), 44-61.

Department of Health & Human Services. 2008. *What is substance abuse treatment: a booklet for families?* Johnson, Bassin & Shaw, Inc. USA.

Department of Social Development. 2016. *General substance abuse booklet*. Western Cape Government: South Africa.

Department of Social Development. 2016. *Anti-substance abuse programmes of actions*. Pretoria: Department of Social Development.

Department of Social Development. 2013a. *National Drug Master Plan 2013 -2017*. Pretoria. Government Printers.

Department of Social Development. 2013b. *Substance use, misuse and abuse amongst the youth in Limpopo Province*. Polokwane: University of Limpopo.

Department of Social Development. 2013c. *Draft reviewed generic norms and standards for social welfare services, towards improved social services*. Pretoria: Department of Social Development.

Department of Social Development. 2013d. *Draft reviewed framework for developmental social welfare services*. Pretoria.

Department of Social Development. 2009a. *Central Drug Authority Annual Report. 2008/09*. Pretoria.

Department of Social Development. 2009b. *Ke Moja integrated strategy*. RSA: Government Printers.

Delport, C.S.L. & Roestenburg, W.J.H. 2011. Quantitative data collection methods: questionnaires, checklists, structured observation and structured interview schedules. In De

Vos A.S. Strydom, H, Fouché, C.B & Delport, C.S.L. *Research at grassroots: for social sciences and human services profession*. 4<sup>rd</sup> ed. Pretoria: Van Schaik.

De Vos, A.S. & Strydom, H. (2011). Scientific theory and professional research. In De Vos A.S. Strydom, H, Fouché, C.B & Delport, C.S.L. *Research at grassroots: for social sciences and human services profession*. 4<sup>rd</sup> ed. Pretoria: Van Schaik.

De Vos, A.S. Strydom, H. Fouché, C. B. & Delport, C.S.L. 2005. *Research at grass roots, for the social sciences and human professionals*. Pretoria: Van Schaik.

DiNitto, D. M. & Mcneere, C.A. 2007. Addictions and social work practice. In *Social work: issues and opportunities in a challenging profession*, 3<sup>rd</sup> ed. Oxford: Oxford University Press.

Du Plessis, G.P. 2010. *The integrated recovery model for addiction treatment and recovery*. *Journal of Integral Theory and practice*, 5 -3:68-87.

Du Plooy, A. A. 2011. *The functions of social work supervision in the department of health and social development*. Ekurhuleni region. Faculty of Humanities, University of Johannesburg: South Africa.

Dupuy, J. & Morelli, M. 2007. *Towards an integral recovery model for drugs and alcohol addiction*. AQAL. *Journal of Integral Theory and Practice*.issue,3-2:26-42.

Earle, N. 2007. *Social work as a scarce and critical profession*. HSRC final draft. Research Consortium. Research commissioned by Department of Labor. Pretoria.

Egan, G. 2007. *The skilled helper: a problem management and opportunity development approach to helping*, 8<sup>th</sup> ed. Pacific Grove, CA: Thomson Brooks/Cole.

Engel, R.J. & Schutt, R.K. 2010. *Fundamentals of social work research*. Los Angeles, CA: Sage Public.

Fischer, T.C. 2006. *Qualitative research methods for psychologists, introduction through empirical studies*. Elsevier Inc.: California.

Fouché, C.B. & Delport, C.S.L. 2011. *Introduction to the research process*. In de Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots for the social science and services profession*, 4<sup>th</sup> ed. Pretoria: Van Schaik. 89-100.

Fouché, C.B. & De Vos, A.S. 2011. Formal formulations. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (eds.). *Research at grass roots, for the social science and human service professions*, 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers. 89-96.

Fouché, C.B. & Schurink, W. 2011. Theory and literature in qualitative research. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (eds.). *Research at grass roots, for the social science and human service professions*, 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers.

Fox, W. & Bayat, M.S. 2007. *A guide to managing research*. Cape Town: Juta & Company Ltd.

Geyers, S. Le Roux, L. & Hall, H. 2015. *Exposure to substance use in the social environment: the experience of adolescents in the Tshwane metropole*. University of Pretoria: SA.

Given, L.M. (ed.). 2008. *The SAGE encyclopaedia of qualitative research methods*. (vol 2). Thousand Oaks, CA Sage.

Given, L.M. 2015. *100 questions (and answers) about qualitative research* (vol.4). London: Routledge.

Godley, S. H. Godley, M. D. Dennis, M. L. Funk, R.R. & Passetti, L. L. 2006. *The effect of assertive continuing care linkage, adherence and abstinence following residential treatment for adolescents with substance use disorder, chestnut health system*. USA: Bloomington.

Gonzalez, M.J. & Congress, E.P. 2015. *Multicultural perspective in social work practice with families*, 3<sup>rd</sup> ed. New York: Springer.

Greene, R.R. 2008. *Human behaviour theory and social work practice*. New Jersey: Transactional Publishers.

Grinnell, R.M. & Unrau, Y.A. 2008. *Social work research and evaluation: Foundations of evidence-based practice*. New York: Oxford University Press.

Hall, M.N., Amodeo, M., Shaffer, H.J. & Vander Bilt, J. 2000. *Social workers employed in substance abuse treatment agencies: A training needs assessment*, *Social Work* 45(2): 141-54.

Hammell, K.W. 2006. *Perspective on disability and rehabilitation: Contesting assumptions, challenging practice*. Edinburgh: Churchill Livingstone.

Hammersley, M. & Traianou, A. (2012). *Ethics in qualitative research, controversies and contexts*. London: Sage.

Hargens, S.E. 2016. Integral theory and practice: A post disciplinary discourse for global action. *Journal of integral theory and practice*. United State of America. Vol 7.

Harell, K. 2004. *Attitude is everything in success*. New York: Cengage Learning.

Hennink, M., Hutter & Balley, D. 2011. *Qualitative research methods*. Sage Publications: London.

Hepworth, D.H. & Rooney, R.H. 2013. *Direct social work practice, theory and skills*, 9<sup>th</sup> ed. Pacific Grove: Thomson brooks/Cole.

Hepworth, D., Rooney, R., Rooney, G.D., Strom-Gottfried, K. & Larsen, J. 2013. *Direct social work practice: theory and skills*, 8<sup>th</sup>ed. Belmont: Brooks/Cole, Cengage Learning.

Hesse-Biber, S.N. & Leavy, P. 2011. *The practice of qualitative research*, 2<sup>nd</sup> ed. London: Sage.

Hofstee, E. 2006. *Constructing a good dissertation. A practical guide to finishing a Master's, MBA or PHD on schedule*. Johannesburg: EPE.

Hollands, S. & Scourfield, J. 2015. *Social work: A very short introduction*. Oxford: Oxford University Press.

Holloway, I. & Wheeler, S. 2010. *Qualitative research in nursing and healthcare*. London: McGraw-Hill Education.

Human Sciences Research Council. 2015. *Substance abuse, harm reduction and harm reduction settings: a research agenda*. Research Report Seminar, SD: Cape Town.

International Federation of Social Workers. 2014. Definition of social work. [Online]. From: <http://ifsw.org/policies/definition-of-social-work/> (Accessed: 22 December 2017).

Jackson, S.L. 2010. *Research methods in modular approach*. USA: Cengage Learning.

Jacobs, E. E., Masson, R. L. & Harvil, L. H. 2009. *Group counselling: Strategies and Skills*, 6th ed. Belmont, CA: Brooks/Cole.

Jeewa, A. & Kasiram, M. 2008. *Treatment for substance abuse in the 21st century: a South African perspective*. SA fam practice, 50(6): 44-44d.

Kalula, A.S. & Nyabadza, F. 2012. *A theoretical model for substance abuse in the presence of treatment*. South African Journal of Science. 108 (3-4) 96-107.

Kaminer, Y. 2001. *Adolescent's substance abuse treatment: where do we go from here?* Vol 52. Psychiatric services: alcohol & drug abuse: Washington DC.

Karsten, M.F. 2012. *Gender, race and ethnicity in the workplace: issues and challenges for today's organisations*. Westport: London.

Kaufman, E. & Yoshioka, M. R. M. 2005. *US Department of Health and Human Services substance abuse treatment and family therapy*: DHHs Publications.

Keegan, K. & Moss, H.B. 2008. *Chasing the high*. Oxford University Press: Pennsylvania.

Khoza, P., Dube, N. & Nkomo, T. S. 2017. *Investigating the implementation of the ke-moja substance abuse prevention programmes in South Africa's Gauteng Province*. Department of Social Work. University of Witwatersrand: South Africa.

King, N. & Horrocks, C. 2010. *Interviews in qualitative research*. London: SAGE.

Kirst-Ashman, K. & Hull, H. 2010. *Understanding generalist practice*, 5<sup>th</sup>ed. Belmont, CA: Thomson Brooke/Cole.

Krefting, L. 1991. *Rigor in qualitative research: The assessment of trustworthiness*. *The American Journal of Occupational Therapy*, 45(3): 215-222.

Kumar, C. R. 2005. *Research methodology*, New Delhi: APH.

Lancaster, G. 2005. *Research methods in management, a concise introduction to research in management and business consultancy*. London: Oxford University Press.

Lapan, S. D. Quartaroli, M.T. & Reimer, F.J. 2012. *Qualitative research: an introduction to methods and design*. San Francisco: Jossey-Bass.

Larkin, H. 2004. Social work, as an integral profession. *AQAL: The Journal of Integral Theory and Practice*, 1 (2): 320-350.



Lebese, R.T., Ramakuela, N.J. & Maputle, M.S. 2014. *Perception of teenagers about substance abuse in Muyexe Village, Mopani district of Limpopo Province South Africa*. African Journal for Physical Health and Education, Recreation and Dance. December (Supplement 1) :329-347.

Liamputtong, P. 2015. *Qualitative research methods*, 4<sup>th</sup> ed. Oxford University Press: Australia.

Lincoln, Y. & Guba, E. 1985. *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lowinson, J. H. & Ruiz, P. 2011. *Substance abuse: a comprehensive textbook*, 5<sup>th</sup> ed. Lippincott Williams & Wikins: USA.

Lushin, V. & Anastas, Y.W. 2011. *Harm reduction in substance abuse treatment: pragmatism as epistemology for social work practice*. Journal of social work practice in the addiction (11).

Magnusson, E. & Marecek, J. 2015. *Doing interview based qualitative research, a learner's guide*. Cambridge University press: UK.

Malesevic, S. 2004. *The sociology of ethnicity*. Sage publications: London.

Maluleke, T.F. 2013. *Perceptions of social workers regarding their role in after care and reintegration services with substance dependent person*. Masters of Social Work MSW: mini-dissertation. University of Pretoria, Pretoria.

Manganyi, M.R. 2015. *Home-brewed alcohol as a public health problem in Greater Tzaneen Municipality, Mopani Municipality of Limpopo Province: a social work perspective*. PHD thesis. University of Limpopo, Sovenga.

Mashele, P.2005. *The 3<sup>rd</sup> Pan-African parliament session: utility or futility. African security studies. 14-2: 107-110.*

Markwood, A. 2011. *Comprehensive theory of substance abuse preventions*. Available online:[https://www.jointcommission.org/assets/1/6/comprehensive\\_theory\\_bhc.pdf](https://www.jointcommission.org/assets/1/6/comprehensive_theory_bhc.pdf). (Accessed 20 May 2017).

Marshall, C. & Rossman, G.B. 2011. *Designing qualitative research*, 5<sup>th</sup> ed. Thousand Oaks: Sage Publications.

Maree, K. & van der Westhuizen, C. 2007. Planning a research proposal. In Maree, K. & van der Westhuizen, C. (eds). *First steps in research*. Pretoria: Van Schaik: pp23-45.

Marinus, D.R. 2015. *Adolescents' experience and coping strategies with parental substance addiction within a rural farming community: a social work perspective*. MA thesis. University of South Africa.

Masombuka, J. 2013. *Children's addiction to the drug "nyaope" in Soshanguve Township: parents' experiences and support needs. Master's dissertation*. University of South Africa.

Maxwell, J.A. 2013. *Qualitative research design: An interactive approach*. Los Angeles, CA: Sage.

Merriam, S.B. 2009. *Qualitative research: A guide to design and implementation*. London: Routledge.

Merriam, S.B. & Tidsell, E.J. 2015. *Qualitative research: a guide to design and implementation*. London: Routledge.

Meyer, R. 2005. Towards a rational approach to substance abuse behavior. *CME*.23 (6):290-293.

Monette, D.R., Sullivan, T.J. & DeJong, C.R. 2008. *Applied social research: A tool for the human services*, 7<sup>th</sup> ed. Belmont, CA: Thomson Wadsworth.

Mohasoa, I. P. 2018. *Perceptions of substance abuse prevention programmes implemented in the Ramotshere Mioloa Local Municipality*. Doctor of Philosophy. Department of Psychology: University of South Africa.

Mohasoa, I. P. 2017. *Substance abuse prevention programmes among adolescents in Zeerust: a systematic review*. University of South Africa: South Africa.

Mohasoa, I. & Mokoena, S. 2017. *Factors contributing to substance abuse among male adolescents in South African public secondary school*. University of South Africa. International journal of social sciences and humanity studies. Vol 9, No1.

Mohasoa, I.P. & Fourier, E. 2012. Substance abuse amongst adolescents: a case study of Zeerust North West Province, South Africa. *New Voices in Psychology*, 8 (1):30-34.

Mohasoa, I.P. 2010. *Substance abuse among male adolescents*. MA dissertation, Pretoria: University of South Africa.

Mouton, J. 2001. *How to succeed in your Master's and Doctoral studies: A South African guide and resources book*. Pretoria: Van Schaik.

Muck, R., Azempolich, K., Titus, J.C., Fishman, M. & Schewel, R. 2006. An overview of the effectiveness of adolescents' substance abuse treatment models. *Youth & Society*. December 33 (2): [143-168].

Mulsener, P.P. 2011. *Understanding and treating adolescent's substance abuse*. London. Sage.

Myers, B., Williams, P.P., Johnson, K., Govender, R., Manderschard, R. & Kock, R. 2016. *Providers' perceptions of the implementation of a performance measurement system for substance abuse treatment: a process evaluation of the service quality measures initiative. Social work practice*. 2016- 106- 3.

National Association of Social Workers (NASW). 2013. *NASW standards for social work practice with service users with chemical substance abuse*. Washington D.C. Author.

Neuman, W.L. 2006. *Social science research methods: Qualitative and quantitative Approaches*, 6th ed. Boston, MA: Allyn & Bacon.

Neuman, W.L. 2011. *Social research methods: Qualitative and quantitative Approaches*, 7<sup>th</sup> ed. London: Pearson.

Neville, C. 2007. *Effective learning services, introduction to research and research methods*. Bradford University, school of management.

Nordhiem, K., Walderhaught, E. A., Stadiums, S. & Kern-Godal, A. 2016. *Young adult's reasons for dropout from residential substance use disorder treatment*. Sage Publications: Norway.

Olaore, A.Y. 2010. *Developing a practice guideline for collaborative approach between the university and families of students involved with substance abuse*. University of South Africa. Doctor of Philosophy. Social Work Department.

Owen, J., Algeo, C. & Connor, J. 2015. *Designs, methods and practices of project management*. Surrey: Gower.

Papalia, D.E. & Feldman, R. 2011. *A child's world, infancy through adolescents*, 2<sup>nd</sup> ed. New York: Mc Graw-Hill.

Pardeck, J.T. 1988. *An ecological approach for social work practice*. *The Journal of Sociology and Social Welfare*, 15 (2):133-142.

Perri, 6 & Bellamy, C. 2012. *Principles of methodology: research design in social science*: London: SAGE

Pitney, W.A. & Parker, J. 2009. *Qualitative research physical activity and the health professions*. Champaign, IL: Human Kinetics.

Pulkkinen, L. 2017. *Human development from middle childhood to middle adulthood: growing up to be middle-aged*. Routledge: London & New York.

Ramlagan, S., Peltzer, K. & Matseke, G. 2010. *Epidemiology of drug abuse treatment in South Africa*. SACENDU Research Brief, 16(2):1-8.

Ramsoomar, L. 2015. *Risk and Protection: Alcohol Use Among Youth Within the Birth to Twenty (Bt20) Cohort*. D.Phil. Thesis, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg.

Reiter, M.D. 2015. *Substance abuse and the family*. New York: Routledge.

Republic of South Africa (RSA). 2011. *Social Services Profession Act, No.110 of 1978. Government Gazette 34020*. Pretoria: Government Printers.

Richmond, I.C. & Foster, J.H. 2003. *Negative attitudes towards people with co-morbid mental health and substance misuse problems: an investigation of mental health professional*. Journal of mental health: Routledge: London & New York.

Roberts, T. F. & Ax, R.K. 2011. *Correctional, mental health: From theory to best practice*. London: Sage.

Roberts, K.Y. 2010. *Qualitative research from start to finish*. The Guildford Press. London.

Roostenburg, W.J.H. 2011. *Introduction to ecometric assessment*. Johannesburg: Dept. of social work, University of Johannesburg.

Rotblat, J. 2001. *The early days of pugwash*. *Physics today*. 54 (6).

RSA. 2005. Children's Act 38 of 2005. Government Gazette 28944. Pretoria: Government Printers.

Rubin, H.J. & Rubin, I. S. 2012. *Qualitative interviewing, the art of hearing data*, 3<sup>rd</sup> ed. Sage Publications: USA.

Ruiz, P. & Strain, E.C. (eds). 2011. *Lowinston & Ruiz's substance abuse: A comprehensive textbook*, 5<sup>th</sup> ed. Philadelphia, PA: Lippincott Williams and Wilkins.

Sack, S., Ries, R. K & Ziodenis, D. M. 2005. *Substance abuse treatment for persons with co-occurring disorder: a treatment improvement protocol TIP42*. US Department of Health and Human Services: Rockville.

Savage, J. 2016. *Rehab works: A parent's guide to drug treatment*. London: Routledge.

Selseng, L.B.2016. *Talking about change-positioning and interpretative repertories in stories about substance abuse and change*. Sage: Norway.

Seidman, I. 2006. *Interviewing as qualitative research. A guide for researchers in education and the social sciences*, 3<sup>rd</sup> ed. New York: Columbia University.

Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation. In De Vos, A.S. Strydom, H. Fouché, C.B. & Delport, C.S.L. *Research at grass roots, for the social science and human service professions*, 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers: 397-423.

Shaffer, D.R. & Kipp, K. 2010. *Developmental psychology: childhood and adolescents*, 8<sup>th</sup> ed. Belmont, CA: Wadsworth Cengage Learning.

Silverman, D. 2013. *Doing qualitative research: A practical handbook*. 4<sup>th</sup>ed.London: Sage.

Simango, E. 2014. *Exploring the levels of knowledge and attitudes of teenagers towards substance abuse in an informal settlement*. Department of Psychology: University of South Africa.

Smith, M. J., Whittaker, T. & Weismiller. 2006. *Social worker in substance abuse treatment field: a snapshot of actions services activities*. NASW: South Africa.

Smith, D. E. 2005. *Institutional ethnography: a sociology for people*. New York: Altamira Press.

South African National Council on Alcoholism and Drug Dependence (SANCA). 2010 SANCA National Treatment Report 2009-2010.

Speziale H, J. & Carpenter, D.R. 2007. *Qualitative research in nursing: Advancing the humanistic imperative*, 4<sup>th</sup> ed. Crawfordville, FL: Lippincott Williams & Wikans.

Strydom, H. 2011. Ethical strategies of research in the social sciences and human service professions. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grassroots: For the social science and human service professions*, 4<sup>th</sup> ed. Pretoria: Van Schaik Publishers: 119.

Strydom, H. & Delport, C.S.L. 2006. Sampling and sampling methods. In De Vos A.S. Strydom, H, Fouché, C.B & Delport, C.S.L. *Research at grassroots: for social sciences and human services profession*, 3<sup>rd</sup> ed. Pretoria: Van Schaick.

Taleff, M. J. 2006. *Critical thinking for addiction professionals*. Springer Publishing Company: New York.

Taylor, E., Kermode, T. & Roberts, A. 2011. *Research in nursing and health care: Evidence for practice*. London: Thomson.



Teijlingen, E.R. & Hundley, V. 2001. The importance of pilot study. *Social Research Update*,35.

Thyer, B. 2010. *The hand book of social work research methods*, 2<sup>nd</sup> ed. Thousand Oaks, CA: Sage.

Thomas, E & Magilvy, JK. 2011. *Qualitative rigor or research validity in qualitative research*. Journal for Specialists in Paediatric Nursing, 16(2):100–155.

Tolich, M. 2016. *Qualitative ethics in practice*. Walnut Creek, CA: Left coast Press.

Trainor, A. A & Graue, E. 2013. *Reviewing qualitative research in the social sciences*. Routledge: NY and London.

Traxillo, D.M. & Fraccarolif. 2016. *Age in the workplace challenges and opportunities*. New York: Routledge.

Tsui, M. S. 2005. *Social work supervision, context and concepts*. Sage: London.

Tull, M. 2008. *Diagnostic and Statistical Manual for Mental Health Disorders*, 4<sup>th</sup>ed. South Africa: Medical Review Board.

United Nations Office on Drugs and Crime [UNODC]. 2011. *World drug report 2011*.Vienna: United Nations.

United States Department of Health and Human Services. 2008. *Substance abuse treatment and family therapy: A treatment improvement protocol*.

Van der Westhuizen, M.A. 2010. *Aftercare to chemically addicted adolescents: Practice guidelines from a social work perspective*, Unpublished D. Phil thesis, Department of Social Work Pretoria, University of South Africa.

Van Dyk, A. C. & Harrison, E. 2008. *Social work supervision and ethics- Only study guide for SCK411*. Pretoria: University of South Africa.

Van Den Bos, A.2007. *Parameters estimation for scientists and engineers*. Canada: Wiley & sons Inc.

Vaswanathan, P.K. 2007. *Business statistics: An applied orientation*. New Delhi: Pearson.

Velasquez, M. M., Crouch, C., Stephens, N.S. & Clement, C.C. 2016. *Group treatment for substance abuse: A stages-of-change therapy manual* ,2<sup>nd</sup> ed. New York. Guildford press.

Walliman, N. 2011. *Research methods: the basics*. New York: Routledge.

White, W. L. 2009. *Recovery/remission from chemical substance abusers: Analysis of reported outcomes in 415 scientific reports, 1868–2011*. Chicago, IL: Great Lakes Addiction Technology Transfer.

White, W. L. & Kelly, J.F. 2011. *Addiction recovery management: theory, research and practice*. Human Press: USA.

Wilber, K. 2006. *Integral Spirituality: A startling new role for religion in the modern and postmodern world*. Boston, MA: Integral Books.

Wiles, R. 2013. *What are qualitative research ethics?*. London: Bloomsburg.

Wiles, R. Pain, H. & Crow, G. 2010. *Innovation in qualitative research methods: a narrative review*. ESRC National centre for Research Methods: University of Southampton: Southampton.

Whalley, A. 2012. Strategic marketing. [Online]. From: <http://bookboon.com/en/textbooks/marketing-media/strategic-marketing> .(Accessed 15 November 2018).

Wilson, S. & MacLean, R. 2011. *Research methods and data analysis for psychology*. Maidenhead: McGraw-Hill Education.

World Health Organization 2010. *Substance use and abuse in South Africa*. Available online [www.doh.gov.za/docs/misc/2017/mental/plan.pdf](http://www.doh.gov.za/docs/misc/2017/mental/plan.pdf). (Accessed 12 August 2017).

Yegidis, B. L., Weinbach, R. W. & Myers, L. L. 2012. *Research methods for social workers*, 7<sup>th</sup> ed. Boston: Cengage Learning.

Yin, R.K. 2011. *Qualitative research from start to finish*. New York: Guildford Press.

## **ADDENDUM A: REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

### **DEPARTMENT OF SOCIAL DEVELOPMENT ADDRESS**

Dear Sir/Madam

I, Matjie Rahab Madisha, the undersigned, I am a part time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of the requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: **Social workers' preparedness, experience and challenges when rendering social welfare services to adolescents abusing chemical substances.**

In view of the fact that social workers are best informed to speak authoritatively about the topic, I hereby approach you with the request to participate as a gatekeeper, allowing me access to carry out the research with social workers within the Department of Social Development in the Lepelle Nkumpi Municipality of Limpopo Province. The research proposal originated as a result of a need for practice guidelines and substance abuse treatment improvements relating to social workers rendering services to teenagers abusing substances. As identified through research that there is, a lack of research based knowledge, on the preparedness, experiences and challenges of social workers rendering services to teenagers abusing substances. The purpose of this research is to explore and understand the preparedness, experiences and challenges of social workers rendering services to teenagers abusing chemical substances, within the Department of Social Development, in the Lepelle Nkumpi Municipality of Limpopo Province. In order to help social workers improve service delivery on teenagers abusing substances, and to decrease the negative perception on substance abuse treatment programmes by social workers within the Department of Social Development.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at UNISA. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and

Ethics Committee of the Department of social work at UNISA. His contacts details are as follows: Prof AH Alpaslan, telephone number: 012 429 6739 or email [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za).

Your consideration of my request is highly appreciated. Please do not hesitate to contact me, should you have any further queries.

Kind regards

Ms Rahab Madisha (Ms)

Cell no: 0769661360

Email address: [rahabmadisha@gmail.com](mailto:rahabmadisha@gmail.com)

Date:

## ADDENDUM B: LETTER REQUESTING PARTICIPATION

Dear participant

I Rahab Matjie Madisha, the undersigned, I am a part time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: **Social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances**

In view of the fact that social workers are best informed to speak authoritatively about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project will provide you with information regarding the need for the study, the goal of the study, what social workers will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as participants in this study.

The research proposal originated as a result of a need for practice guidelines and substance abuse treatment improvements relating to social workers rendering services to teenagers abusing substances. As identified through research that there is a lack of research based knowledge, on the preparedness, experiences and challenges of social workers rendering services to teenagers abusing substances. The purpose of this research is to explore and understand the preparedness, experiences and challenges of social workers, working with teenagers abusing chemical substances, within the Department of Social Development, in the Lepelle Nkumpi Municipality of Limpopo province. In order to help social workers improve service delivery on teenagers abusing chemical substances, and to decrease the negative perception on substance abuse treatment programmes by social workers within the Department of Social.

Should the social workers agree to participate, they would be requested in face to face interview that will be conducted at the comfort of their office, from 12:00 to 13:00 pm o'clock during the day. It is estimated that the interviews will last approximately 45 minutes to one hour. The social workers I would like to include in the research should comply with the following:

- The social workers working with teenagers abusing substances within social development, in the Lepelle Nkumpi Municipality of Limpopo Province.
- The social workers should be registered as a social worker under the Social Service Professions Act (Act No. 110) of 1978 as amended.
- The social workers should have, at least one-year experience of working with teenagers abusing substances
- The social workers must be willing and available to conduct the interviews
- The social workers should be able to converse in English or Sepedi

Please note that participation in this research is completely voluntary, social workers are not obliged to take part in the research. Their decision to participate, or not to participate, will not affect them in any way now or in the future, and they will not be punished or lose which they may be otherwise entitled. Should they agree to participate and sign the information and informed consent document herewith, as proof of their willingness to participate, please note that they are not signing their rights away. With the social worker's permission, the interviews will be audiotaped, and the researcher will also be taking notes to assist in remembering the details of our conversation; the recorded audio will be transcribed word for word. Their responses to the interview, both the taped and the transcribed version will be kept strictly confidential.

You have the right to ask questions concerning the study at any time, should you have any questions or concerns about the study; contact these numbers 076 966 1360.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at UNISA. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of social work at UNISA. His contact details are as follows: Prof AH Alpaslan, telephone number: 012 429 6739 or email [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za).

If after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at UNISA, their answers have not satisfied you, you might direct your questions, concerns and inquiries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, 0003.

Based upon all the information provided to you above, I would like to ask for your assistance to introduce me to participants who comply with the criteria for inclusion stated above in view of participation in this study.

Thank you for taking this into consideration

Kind regards

Rahab Madisha (Ms)

Cell No: 076 966 1360

Email address: [rahabmadisha@gmail.com](mailto:rahabmadisha@gmail.com)

Date:



## ADDENDUM C: INFORMATION AND INFORMED CONSENT DOCUMENT

**TITLE OF RESEARCH PROJECT:** Social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances.

**PRINCIPAL RESEARCHER:** Rahab Madisha

**ADDRESS:** PO BOX 177, Gompies, 0631

Contact numbers: 0769661360

<p><b>DECLARATION BY PARTICIPANTS</b></p> <p>I, THE UNDERSIGNED , _____(NAME), ID _____ as the participant or in my capacity as _____ of the participant ID no _____ of _____ _____(ADDRESS)</p> <p><b>HEREBY CONFIRM AS FOLLOWS:</b></p> <p>I the participant was invited to participate in the above research which is being undertaken by <b>Rahab Madisha</b> of the Department of Social Work in the School of Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	Initial
<p>2. the following strategies have been explained to me/ the participants</p> <p>2.1 <b>Aim:</b> to explore and understand the preparedness, experiences and challenges of social workers rendering services teenagers abusing chemical substances.</p> <p><b>The information will be used:</b> To help social workers improve service delivery on teenagers abusing chemical substances, and to decrease the negative perception on substance abuse treatment programmes by social workers within the Department of Social Development.</p> <p>2.2 I understand that:</p> <ul style="list-style-type: none"><li>• I will have access to the results of this project.</li><li>• My anonymity and confidentiality is ensured, and I will enter this project</li></ul>	Initial

<p>on a voluntary basis</p> <ul style="list-style-type: none"> <li>• I can withdraw from the project anytime</li> <li>• Only the researcher, independent coder, supervisor, lectures will have access to data.</li> </ul>	
<p>2.3 Risks :</p> <p>The information I share might unsettle me emotionally. Should in any way happen, I may voluntarily withdraw from the study without penalty. Should the researcher come to conclusion that this exercise is harmful to me in any way, might exercise the right to withdraw me from the study, and refer to counseling with my concern.</p>	initial
<p>Possible benefits: As a result of my participation in this study I understand that it could lead to helping improve services rendered by social workers to teenagers abusing chemical substances.</p>	initial
<p>Confidentiality: my identity will not be revealed in any discussion, description or scientific publication by the investigators/researchers.</p>	initial
<p>Access to findings: any new information/ benefit that develop during the course of the study will be shared with me.</p>	initial
<p>Voluntary participation: my participation is voluntary; my decision to whether or not participate will in no way affect me now or in the future.</p>	initial
<p>3. The information above was explained to me/ participant by _____ (name) in (language communicated)_____ and am in command of this language / it was translated to me satisfactory by _____(name of translator). I was given the opportunity to ask questions and all these questions were answered satisfactorily.</p>	initial
<p>4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.</p>	initial
<p>5. participation in this study will not result in any additional cost to me</p>	initial
<p><b>A. I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE PROJECT</b></p> <p>Signed _____ / _____ confirmed</p> <p>at _____ on _____ 20__</p>	

<div>_____</div> <div>_____</div> <div>Signature or right thumbprint of participants witness</div>	<div></div> <div>signature of</div>
--	-------------------------------------

## ADDENDUM D: REQUEST TO DO DEBRIEFING FOR PARTICIPANTS

To whom it may concern

I Rahab Matjie Madisha, the undersigned, I am a part time Masters student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: **Social workers' preparedness, experiences and challenges when rendering social welfare services to adolescents abusing chemical substances in the Lepelle-Nkumpi Municipality of Limpopo province.**

I hereby request your services in debriefing in the participants.

Thank you for taking this into consideration.

Kind regards

Rahab Madisha Ms

Signature of the researcher

Cell No: 0769661360

Email address: [rahabmadisha@gmail.com](mailto:rahabmadisha@gmail.com)

Date:

## ADDENDUM E: UNISA ETHICAL CLEARANCE



### DEPARTMENT OF SOCIAL WORK RESEARCH AND ETHICS REVIEW COMMITTEE

6 February 2018

Ref#: R&EC: 06/02/18/61470457_22 Name of Applicant: Madisha, MR Student#: 42178711
--

Dear Ms MR Madisha

#### **DECISION: ETHICAL APPROVAL**

---

**Name: Ms MR Madisha**

Address & contact details: P.O BOX 177, GOMPIES, 0631

Cell phone number: **0769661360**

Supervisor: **Mrs RM Skhosana**

Title of Proposal: **Social workers' preparedness to and experiences and challenges in rendering services to teenagers abusing chemical substances**

Qualification: **Master of Social Work**

---

Thank you for the application for research ethics clearance by the Department of Social Work Research and Ethics Review Committee.

The application was reviewed in compliance with the UNISA Policy on Research Ethics by the abovementioned Committee at a meeting conducted on 6 February 2018.

**Final approval is granted for the duration of the project.**

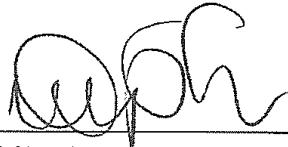
The proposed research may now commence with the proviso that:




University of South Africa  
Pretorius Street, Muckleneuk Ridge, City of Tshwane  
PO Box 392 UNISA 0003 South Africa  
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)

- 1) The researcher will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Department of Social Work's Research and Ethics Review Committee. An amended application could be requested of there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the participants.
- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

Kind regards,

Signed by:  Date: 6 February 2018  
Professor AH Alpaslan  
Chair: Department of Social Work Research and Ethics Review Committee  
alpasah@unisa.ac.za

Signed by:  Date: 6 February 2018  
Prof MPJ Madise  
Manager Postgraduate Studies: College of Human Sciences



## ADDENDUM F: DEPARTMENT OF SOCIAL DEVELOPMENT APPROVAL LETTER

CONFIDENTIAL



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

OFFICE OF THE PREMIER

**TO: MRS R MOKOBANE**

**FROM: DR T.E MABILA**

**DEPUTY CHAIRPERSON: LIMPOPO PROVINCIAL RESEARCH ETHICS COMMITTEE (LPREC)**

**DATE: 24<sup>th</sup> MAY 2018**

**SUBJECT: SOCIAL WORKERS' PREPAREDNESS, EXPERIENCES AND CHALLENGES WHEN RENDERING SERVICES TO TEENAGERS ABUSING CHEMICAL SUBSTANCES**

**RESEARCHER: R MADISHA**


Dear Colleague

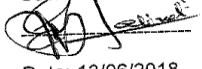
The above researcher's research proposal served at the Limpopo Provincial Research Ethics Committee (LPREC) meeting on the 24<sup>th</sup> May 2018.  
The committee is satisfied with ethical considerations captured in the research proposal.

**Decision: The research proposal is granted full approval and ethical clearance**

Regards

Chairperson: Dr Thembinkosi Mabila

  
Secretariat: Mr Edward Malindi

  
Date: 13/06/2018